2010 JAN 28 PH 4: 41

IAPO8Rec'd PCT 22 JAN 2010

PTO/SB/65 (03-09)

Approved for use through 03/31/2012. OMB 0651-0016

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE work Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. JAN 2 2 2010

ACCEPT UNAVOIDABLY DELAYED PAYMENT OF

Docket Number (Optional)

AINTENANCE FEE IN AN EXPIREL	PAIENI (37 CFR	1.378(D))	
Mail to: Mail Stop Petition Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450 Fax: (571) 273-8300	RECEIVED FEB 0 3 2010	02/02/2010 DALLEN 01 FC:1599	00000070 6026532 1190.00 OP
NOTE: If information or assistance is need (571) 272-3282.	HICEORPHAIDANNIC TOSM, pl		
Patent Number: 6026532	Applic	cation Number:087	777032
Issue Date: 02/22/2000		Date: 12/30/1996	•
CAUTION: Maintenance fee (and surcharge number (or reissue patent numb U.S. application (or reissue appl is/are associated with the correct	ber, if a reissue) and (2) the dication) leading to issuance	e application number of e of that patent to ensu	f the actual
Also complete the following information, it	f applicable:		
The above-identified patent:		Refund Ref:	
is a reissue of original Patent No.		02/02/2010 DALLE) _ o riginal issue date _	N 0000170041
original application number			
original filing date			¥4L 10; 60
resulted from the entry into the U.			n.
CERTIFICATE OF	F MAILING OR TRANSMIS	SION (37 CFR 1.8(a)))
I hereby certify that this paper (along with an	y paper referred to as bein	g attached or enclosed	d) is
(1) being deposited with the United States P mail in an envelope addressed to Mail Stop I 1450 OR	ostal Service on the date si Petition, Commissioner for	nown below with suffici Patents, P.O. Box 145	ient postage as first class i0, Alexandria, VA 22313-
(2) transmitted by facsimile on the date show 8300. /-20-/0 Date	n below to the United State	es Patent and Tradema	ark Office at (571) 273-
		David Catanzar	
	Typed c	or printed name of person	on signing Certificate

[Page 1 of 4]

This collection of information is required by 37 CFR 1.378(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 8 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Y							
Patentee claims, or has previously claimed, small entity status. See 37 CFR 1.27 2. LOSS OF ENTITLEMENT TO SMALL ENTITY STATUS							
no longer entitled to	small entity statu	s. See 37 CF	R 1.27(g)	FEB 03 2010			
E FEE (37 CFR 1.20	I(e)-(g))		C	OFFICE OF PETITION			
The appropriate maintenance fee must be submitted with this petition, unless it was paid earlier.							
NOT Small Entity Small Entity							
Fee	(Code)	Amount	-	(Code)			
3 ½ yr fee	(1551)	\$ 49	90.00 3 ½ yr fee	(2551)			
7 ½ yr fee	(1552)	\$ 1,	240.00 7 ½ yr fee	(2552)			
11 ½ yr fee	(1553)		11 ½ yr fee	(2553)			
condition of accepting unavoidably delayed payment of the maintenance fee. SURCHARGE FEE BEING SUBMITTED \$ 700.00 5. MANNER OF PAYMENT Enclosed is a check for the sum of \$ 2,430.00 Please charge Deposit Account No the sum of \$ Payment by credit card. Form PTO-2038 is attached.							
or is hereby authorize	ed to charge any n		e, surcharge or petition f	ee deficiency to			
	laims, or has previous ITLEMENT TO SMA is no longer entitled to E FEE (37 CFR 1.20 aintenance fee must NOT Small Entity Fee 3 ½ yr fee 11 ½ yr fee 11 ½ yr fee AYMENT is a check for the sum rge Deposit Account y credit card. Form F	laims, or has previously claimed, small ITLEMENT TO SMALL ENTITY STATE in no longer entitled to small entity status E FEE (37 CFR 1.20(e)-(g)) and an an an animal entity in the submitted with in the	laims, or has previously claimed, small entity status. ITLEMENT TO SMALL ENTITY STATUS is no longer entitled to small entity status. See 37 CF is FEE (37 CFR 1.20(e)-(g)) aintenance fee must be submitted with this petition, u NOT Small Entity Fee (Code) Amount 3 ½ yr fee (1551) \$ 45 — 7 ½ yr fee (1552) \$ 1. — 11 ½ yr fee (1553) \$ MAINTENANC Arge required by 37 CFR 1.20(i)(1) of \$ 700.00 If accepting unavoidably delayed payment of the main SURCHARGE FEE BE PAYMENT Is a check for the sum of \$ 2,430.00 If ye required card. Form PTO-2038 is attached. ON TO CHARGE ANY FEE DEFICIENCY or is hereby authorized to charge any maintenance fee	laims, or has previously claimed, small entity status. See 37 CFR 1.27 ITLEMENT TO SMALL ENTITY STATUS so no longer entitled to small entity status. See 37 CFR 1.27(g) E FEE (37 CFR 1.20(e)-(g)) aintenance fee must be submitted with this petition, unless it was paid earlier. NOT Small Entity Fee (Code) Amount Fee 3 ½ yr fee (1551) \$ 490.00 3 ½ yr fee 11½ yr fee (1552) \$ 1,240.00 7 ½ yr fee MAINTENANCE FEE BEING SUBMITT Face prequired by 37 CFR 1.20(i)(1) of \$ 700.00 Fee Code 1557) must facecepting unavoidably delayed payment of the maintenance fee. SURCHARGE FEE BEING SUBMITTED \$ 700 PAYMENT For a check for the sum of \$ 2,430.00 Free Deposit Account No. The sum of \$ 100.00 The sum of \$ 10			

PTO/SB/65 (03-09)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

7. OVERPAYMENT	
As to any overpayment made, please	RECEIVED
Credit to Deposit Account No.	
OR	FEB 0 3 2010
Send refund check	OFFICE OF PETITIONS
WARNING:	
Petitioner/applicant is cautioned to avoid submitting personal information contribute to identity theft. Personal information such as social security no numbers (other than a check or credit card authorization form PTO-2038 state USPTO to support a petition or an application. If this type of personal USPTO, petitioners/applicants should consider redacting such personal in to the USPTO. Petitioner/applicant is advised that the record of a patent the application (unless a non-publication request in compliance with 37 Cl a patent. Furthermore, the record from an abandoned application may also referenced in a published application or an issued patent (see 37 CFR 1.12038 submitted for payment purposes are not retained in the application of	umbers, bank account numbers, or credit card submitted for payment purposes) is never required by information is included in documents submitted to the formation from the documents before submitting them application is available to the public after publication of FR 1.213(a) is made in the application) or issuance of so be available to the public if the application is 4). Checks and credit card authorization forms PTO-
8. SHOWING	
The enclosed statement will show that the delay in timely payme since reasonable care was taken to ensure that the maintenance petition is being filed promptly after the patentee was notified of, expiration of the patent. The statement must enumerate the step maintenance fee, the date and the manner in which the patentee patent, and the steps taken to file the petition promptly.	fee would be paid timely and that this or otherwise became aware of, the s taken to ensure timely payment of the
9. PETITIONER(S) REQUESTS THAT THE DELAYED PAYMENT OF PATENT REINSTATED.	THE MAINTENANCE FEE BE ACCEPTED AND THE
D'ollo	1 0
Jana Calomos	/-20-/0
Signature(s) of Petitioner(s)	Date
David Catanzaro	
Typed or printed name(s)	tegistration Number, if applicable
286 Upper Powderly Street	570-282-4889
Address	Telephone Number
Carbondale, PA 18407	
Address	
ENCLOSURES:	
Maintenance Fee Payment	
Statement why maintenance fee was not paid timely	
Surcharge under 37 CFR 1.20(i)(1) (fee for filing the maintenance) Other: Other:	
1. Folder Containing Yearly Break Down Sheets 8	Full Tax Returns from 2003 to 2009
2. Folder Containing Supporting Documents	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

37 CFR 1.378(d) states: "Any petition under this section must be signed by an attorney or agent registered to practice before the Patent and Trademark Office, or by the patentee, the assignee, or other party in interest."

Signature Signature

Date

David Catanzaro

Type or printed name

Registration Number, if applicable

STATEMENT

(In the space below, please provide the showing of unavoidable delay recited in paragraph 8 above.)

The maintenance fees in this application were not paid due to 'Extreme Economic Hardship.' Patentee was fully aware of all maintenance fee payment periods. Patentee 'struggled' to meet the minimum necessities for 'Basic Living Needs' and as a result, maintenance fee payments could not be made. The enclosed information will denote the 'Extreme Financial Hardship' endured through 2003 to the filling of this Petition.

Attached is a complete showing from 02/24/2003 to the filling of this Petition. The showing is supported by a complete explanation of applicant's financial condition during the entire period and includes income, expenses, assets (or the lack thereof), credit condition and obligations. Enclosed please find:

1. Yearly Break Down Sheets from 2003 to 2009 2. Full Tax returns from 2003 to 2009 3. Supporting Documents

Summery

Starting in 2001 through 2006, my business, One Voice Ministries, was a sole owned venture. In the early part of the decade, I was involved in full time prison ministry. Prison officials paid me to perform as a musician and share my faith at prison facilities across the country. Because of drastic budget cuts that started after 9/11, within the Federal Bureau of Prisons, funding for my program was cut.

Not being able to afford to stay at my previous address (address listed on patent), in 2005 I had to move in with a relative (my mother) because I could no longer afford to pay rent or utilities. To this day I still owe my landlord a debt of over \$1,000 (refer to letter in Supporting Documents).

I believe in humanitarian work, and in 2007 my business name changed to David Joseph Music. In 2007 I performed at over 40 military bases for our soldiers and their families throughout the country. I received no pay for those performances just whatever I made on selling my recordings.

In 2008 a friend gave me a product as a gift, which I sold on ebay. The net profit of the sale was \$4,854.70 (refer to Supporting Documents) of which, I was required to 'immediately' pay off a loan of \$3,000 (refer to enclosed letter in Supporting Documents). From the remaining \$1854.70 I sent \$1,490.00 to the Patent and Trademark Office in October of 2008 to revive abandoned patent application No.: 09/505/791. The \$1,490.00 covered the Petition Fee & Patent Issue Fee. Patent Issue Fee was originally due on or before January 7, 2002. Petition was granted on November 10, 2009.

In October of 2009, my mother Josephine Catanzaro retained an attorney to collect moneys from an estate she was legally entitled to. Based on the fact that her attorney currently believes 'full recovery' will be forthcoming, she has agreed to allow me access to \$2,500 from her Wells Fargo Credit Card account, allowing me to pay all fees associated with this petition.

(Please attach additional sheets if additional space is needed)

INCOME

Net Earned Income from Tax
Return after Business Expenses......Negative \$1,921

Additional financial support (loans)...... \$5,766

EXPENSES

(Other then Business)

Rent...... \$3,600 (\$300 monthly)

Heating Oil......\$0 (State subsidized via state & local grant vouchers)

Electric......\$360 (\$30 monthly, \$15 subsidized monthly by state/local program)

Water.....\$300 (\$50 average every two months)

Basic Phone Service......\$325 (\$27.00 monthly)

Transportation Necessity; Vehicle Gas..... \$540 (\$15.00 weekly for 9 months, business allowance for 3 months)

Total Expenses Paid......\$5,765

OBLIGATIONS

Loan from Leonard Browski.....\$3,000

Loan from Josephine Catanzaro......\$1,383 (Approximately)

Loan from Anthony Catanzaro.....\$1,383 (Approximately)

2002 Federal Taxes owed......\$1,073 (Current Balance with interest: \$1,737.24)

Loan from Covenant Church (2000)......\$500 (2000)

Credit Cards (1997)..... Debt Over \$23,000

PERSONAL ASSETS

None

SAVING

INCOME

Net Earned Income from Tax Return after Business Expenses......Negative \$881

Additional financial support (loans)...... \$5,125

EXPENSES

(Other then Business)

Electric......\$360 (\$30 monthly, \$15 subsidized monthly by state program)

Basic Phone Service......\$325 (\$27.00 monthly)

Food......\$0 (Food Stamp subsidized)

Transportation Necessity; Vehicle Gas..... \$540 (\$15.00 weekly for 9 months, business allowance for 3 months)

Total Expenses Paid......\$5,125

OBLIGATIONS

Land lord Credit from Margie Stewart.....\$1,325

Loan from Josephine Catanzaro.....\$1,900 (Approximately)

Loan from Anthony Catanzaro.....\$1,900 (Approximately)

Loan from Leonard Browski (2003)......\$3,000

Loan from Josephine Catanzaro (2003)....\$1,383

Loan from Anthony Catanzaro (2003)......\$1,383

2002 Federal Taxes owed...... \$1,737

Loan from Covenant Church (2000)......\$500

Credit Cards (1997)..... Debt Over \$23,000

PERSONAL ASSETS

None

SAVING

INCOME

None

Net Earned Income from Tax Return after Business Expenses	\$322
Additional financial support (loans)	\$400
EXPENSES (Other then Business)	
Rent	. \$0 (Moved into family home with mother)
Heating Oil	. \$0
Electric	\$0
Water	\$100
Phone Service	\$0
Food	\$0 (Food Stamp subsidized)
Transportation Necessity; Vehicle Gas	. \$600 (\$15.00 weekly for 10 months, business allowance 2 months)
Total Expenses Paid	\$700
OBLIGATIONS	
Loan from Sam Cerami	\$400
Rent for landlord (2004)	.\$1,325
Loan from Josephine Catanzaro (2004)	. \$1,900
Loan from Anthony Catanzaro (2004)	\$1,900
Loan from Leonard Browski (2003)	\$3,000
Loan from Josephine Catanzaro (2003)	\$1,383
Loan from Anthony Catanzaro (2003)	. \$1,383
2002 Federal Taxes owed	. \$1,737.24
Loan from Covenant Church (2000)	.\$500
Credit Cards (1997) Debt Over	\$23,000
PERSONAL ASSETS SAVINGS	

None

INCOME

Net Earned Income from Tax Return after Business Expenses	Negative \$77	(Refund of \$40 automatically applied to unpaid taxes of 2002 by IRS)
Additional financial support (loans)	\$0	01 2002 by 11(0)
EXPENSES (Other then Business)		
Rent	\$0 (Living i	n family home with mother)
Heating Oil	. \$0	
Electric	. \$0	
Water	. \$100	
Phone Service	\$0	
Food	. \$0 (Food	Stamp subsidized)
Transportation Necessity; Vehicle Gas	. \$600 (\$15.0	00 weekly for 10 months, business allowance 2 months)
Total Expenses Paid	\$700	
OBLIGATIONS		
Loan from Sam Cerami	\$700	
Loan from Sam Cerami (2005)	. \$400	
Credit given from Land lord (2004)	. \$1,325	
Loan from Josephine Catanzaro (2004)	. \$1,900	
Loan from Anthony Catanzaro (2004)	\$1,900	
Loan from Leonard Browski (2003)	. \$3,000	
Loan from Josephine Catanzaro (2003)	. \$1,383	
Loan from Anthony Catanzaro (2003)	. \$1,383	
2002 Federal Taxes owed	. \$1,737.24	
Loan from Covenant Church (2000)	\$500	
Credit Cards (1997) Debt Over	\$23,000	
PERSONAL ASSETS SAV	/INGS	

INCOME

None

Net Earned Income from Tax Return after Business ExpensesNegative \$5,717
Additional financial support (loans)\$700
EXPENSES (Other then Business)
Rent
Heating Oil, Electric\$0
Water \$100
Phone Service\$0
Food\$0 (Food Stamp subsidized)
Transportation Necessity; Vehicle Gas \$600 (\$15.00 weekly for 10 months, business allowance 2 months)
Total Expenses Paid\$700
OBLIGATIONS
Loan from Sam Cerami\$700
Loan from Sam Cerami (2006) \$700
Loan from Sam Cerami (2005)\$400
Credit given from Landlord (2004) \$1,325
Loan from Josephine Catanzaro (2004) \$1,900
Loan from Anthony Catanzaro (2004) \$1,900
Loan from Leonard Browski (2003) \$3,000
Loan from Josephine Catanzaro (2003) \$1,383
Loan from Anthony Catanzaro (2003) \$1,383
2002 Federal Taxes owed \$1,737
Loan from Covenant Church (2000)\$500
Credit Cards (1997) Debt Over \$23,000
PERSONAL ASSETS SAVINGS

INCOME

Net Earned Income from Tax Return after Business Expenses\$392 (Refund of \$128 automatically applied to unpaid taxes of 2002 by IRS)
Additional financial support (gift sold in May)\$4,854
EXPENSES (Other then Business)
Rent
Water\$100 Food\$0 (Food Stamp subsidized)
Transportation Necessity; Vehicle Gas \$660 (\$15.00 weekly for 11 months, business allowance 1 month)
Total Expenses Paid\$760
ADDITIONAL MONIES PAID
Loan from Leonard Browski (2003) \$3,000 (Paid off in May 2008)
PTO Petition Fee & Patent Issue Fee of \$1,490 for abandoned application 09/505/791, paid July 1, 2008.
OBLIGATIONS
Loan from Sam Cerami (2007)\$700
Loan from Sam Cerami (2006) \$700
Loan from Sam Cerami (2005)\$400
Credit given from Landlord (2004) \$1,325
Loan from Josephine Catanzaro (2004) \$1,900

Credit Cards (1997)..... Debt Over \$23,000

PERSONAL ASSETS: None SAVINGS: \$0.00

Loan from Anthony Catanzaro (2004)...... \$1,900

Loan from Josephine Catanzaro (2003)..... \$1,383

Loan from Anthony Catanzaro (2003)...... \$1,383

2002 Federal Taxes owed...... \$1,737

Loan from Covenant Church (2000).....\$500

INCOME

Net Earned Income from Tax Return after Business Expenses......\$596 (Refund of \$180 automatically applied to unpaid taxes of 2002 by IRS) Additional financial support (amount left over from gift sold in May 08)......\$364 **EXPENSES** (Other then Business) Heating Oil, Electric, Phone Service....... \$100 (Electric bill) Water..... \$100 Food......\$0 (Food Stamp subsidized) Transportation Necessity; Vehicle Gas..... \$720 (\$15.00 weekly for 12 months) Total Expenses Paid.....\$920 **OBLIGATIONS** Loan from Sam Cerami (2007).....\$700 Loan from Sam Cerami (2006)..... \$700 Loan from Sam Cerami (2005).....\$400 Credit given from Landlord (2004)........... \$1,325 Loan from Josephine Catanzaro (2004)..... \$1,900 Loan from Anthony Catanzaro (2004)...... \$1,900 Loan from Josephine Catanzaro (2003)..... \$1,383 Loan from Anthony Catanzaro (2003)....... \$1,383 2002 Federal Taxes owed...... \$1,737 Loan from Covenant Church (2000)......\$500 Credit Cards (1997)..... Debt Over \$23,000

PERSONAL ASSETS: None SAVINGS: \$0.00

Form 8879

IRS e-file Signature Authorization

▶ Do not send to the IRS. Keep this form for your records.

OMB No. 1545- 1758

Department of the Treasury Internal Revenue Service ➤ See Instructions. 00-230662--4 Declaration Control Number (DCN) Taxpayer's name Social security number DAVID J. CATANZARO Spouse's name Spouse's social security number Part I Tax Return Information - Tax Year Ending December 31, 2003 (Whole Dollars Only) Adjusted gross income (Form 1040, line 35; Form 1040A, line 22; Form 1040EZ, line 4) (1,921)Total tax (Form 1040, line 60; Form 1040A, line 38; Form 1040EZ, line 10) Federal income tax withheld (Form 1040, line 61; Form 1040A, line 39; Form 1040EZ, line 7) 3 Refund (Form 1040, line 70a; Form 1040A, line 45a; Form 1040EZ, line 11a). 4 Amount you owe (Form 1040, line 72; Form 1040A, line 47; Form 1040EZ, line 12) Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2003, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I acknowledge that I have read the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return and I agree to the provisions contained therein. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only X lauthorize HR Block to enter my PIN 19052 as my signature **ERO firm name** do not enter all zeros on my tax year 2003 electronically filed income tax return. I will enter my PIN as my signature on my tax year 2003 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. COPY ONLY Your signature ▶ Date ► 04/14/2004 Spouse's PIN: check one box only I authorize to enter my PIN as my signature ERO firm name do not enter all zeros on my tax year 2003 electronically filed income ax return. I will enter my PIN as my signature on my tax year 2003 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. COPY ONLY Spouse's signature ▶ Practitioner PIN Method Returns Only - continue below Part III Certification and Authentication - Practitioner PIN Method Only ERO's EFIN/ PIN. Enter your six- digit EFIN followed by your five- digit self- selected PIN. 23066201402 do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the tax year 2003 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized e- file Providers ERO's signature ▶

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

		ent of the Treasury - Internal Revenue Service	തെക	1					
1040	<u>U.S.</u>	Individual Income Tax Return	<u> </u>	(99) IRSU	se Only - D	o not write or	staple in th	ns space.	
Label	For the	year Jan. 1- Dec. 31, 2003, or other tax year beginning	, 2003, ending		20		B No. 154		
(See						Your soci	al securit	y number	-
instructions on page 19.)				_	· ·	-			
Use the IRS		ID J CATANZARO			}	Spouse's	social se	curity num	nbei
label.		PENN AVE			L				
Otherwise, please print	MAY	FIELD, PA 18433			•••,		mport		
ortype.					ł		u must er ur SSN(s)		
Presidential L		N.A. Olaskia IIV. III. III				You	11 3314(5)	Spouse	
Election Camp (See page 19.)	aign	Note. Checking "Yes" will not change your tax or re			_		<i>।</i>		٦
	_ 1	Do you, or your spouse if filing a joint return, want X Single				Yes .		Yes	<u> No</u>
Filing Statu	S 2	Married filing jointly (even if only one had income		Head of house					
Check only	3	Married filing separately. Enter spouse's SSN above & fu		If the qualifying p child's name here		ld but not you	ir depender	nt, enter this	•
one box.		>		Qualifying wido		denendent	child (Sac	nage 20)	
Evamptions	6a	Yourself. If your parent (or someone else) can				acpendent (L
Exemptions		roturn do mot about a com-			iici tux		check	f boxes ted on	1
	ь[Spouse						children	
	C	Dependents:	(2) Depend		Dependent			who: I with you	
		(1) First name Last name	social security	I rei:	ationship to you	child f		not live with ue to divorce	
							orsep	aration age 21)	5
If more than five dependents,								ndents on 6c	
see page 21.							not en above	tered	
								umbers	
		Total number of exemptions claimed	 		·	17/7/	on line . above		_1
Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2			 -	_ ////			
	0-	Tanabla internal Attack Oct. 2 to B.V.				_ 7	··		
		Taxable interest. Attach Schedule B if required . Tax- exempt interest. Do not include on line 8a .				8a	· · · · · · · · · · · · · · · · · · ·		
Attach	0-		L	8b		////			
Forms W-2 and W-2G here.		Ordinary dividends. Attach Schedule B if required Qualified dividends (see page 23)		9ь		. 9a			
Also attach	10	Taxable refunds, credits, or offsets of state and loca	ا ، ، ، ، ا						
Form(s) 1099-R iftax was	11	Alimony received	ariiicoille taxes (see	: page 23)		10		 	—
withheld.	12	Business income or (loss). Attach Schedule C or C-	 - F 7			12		(1,921	
	13a	Capital gain/(loss). Attach Sch D. If not required chec				13a		12,021	<u>- · /</u>
	b	If box on 13a is checked, enter post- May 5 capital g	ain distributions	13b					
الأدرمي والماسمة	14	Other = 1 (1)							
lf you did not get a W- 2,	15a	IRA distributions 15a	1	able amt		·			_
see page 22.	16a	Pensions and annuities 16a		able amt			-		
	17	Rental real estate, royalties, partnerships, S corpora	ations, trusts, etc. A	ttach Schedule	Ε	. 17			_
Enclose, but do	18	Farm income or (loss). Attach Schedule F				. 18			
not attach, any payment. Also,	19	Unemployment compensation				19			
olease use	20a	Social security benefits 20a		ableamt		20b			
Form 1040-V.	21	Other income. List type and amount (see page 27)_				_ ////			
						21			
	22	Add the amounts in the far right column for lines 7 th		ur total income	<u> </u>	▶ 22		(1,921	<u>)</u>
Adjusted	23	Educator expenses (see page 29)		23		////			
Gross	24	IRA deduction (see page 29)		24		- <i>////</i> //			
ncome	25 26	Student loan interest deduction (see page 31)		25					
	26 27	Tuition and fees deduction (see page 32)		26					
	28	Moving expenses. Attach Form 3903	_	27					
	29	One-half of self- employment tax. Attach Schedule : Self- employed health insurance deduction (see pages)		28					
	30	Seir-employed health insurance deduction (see pag Self-employed SEP, SIMPLE, and qualified plans		29					
	31	Penalty on early withdrawal of savings		30		-////			
		All-		2a					
	33	Add lines 23 through 32a							
	34	Subtract line 33 from line 22. This is your adjusted as				33		1 001	_

Form 1040 (20	U3) D	AVID J CATANZARO				Page 2
Tax and	35	Amount from line 34 (adjusted gross income)			35	(1,921.
	36	Check	nd. Total boxes		11111	
Credits			> '			
		ii. [Spouse was boilt belove January 2, 1959,] Bill	nd. j checked ► :	,6a		
) t	If you are married filing separately and your spouse itemizes deduction	ons, or			
Standard		you were a dual- status alien, see page 34 and check here	▶;	36b 🔙		1) 4 - 2
Deduction for -	-					
1		Itemized deductions (from Schedule A) or your standard deduction	n (coo loft margin)		37	4,750.
• People who) —					
checked any	38	Subtract line 37 from line 35			38	(6,671.)
box on line 36a or 36b or	39	If line 35 is \$104,625 or less, multiply \$3,050 by the total number of ex-	emptions claimed on			
who can be		line 6d. If line 35 is over \$104,625, see the worksheet on page 35			39	3,050.
claimed as a	40	Taxable income. Subtract line 39 from line 38. If line 39 is more than l				0.
dependent.	41	Tax. Check if any tax is from: a Form(s) 8814 b Form 49				0.
see page 34.	1					<u> </u>
' '	42	Alternative minimum tax. Attach Form 6251			42	
All others:	43	Add lines 41 and 42		▶	43	0.
Single or	44	Foreign tax credit. Attach Form 1116 if required	44			
Married filing separately.	45	Credit for child and dependent care expenses. Attach Form 2441	45			
\$4,750	46	Credit for the elderly or the disabled. Attach Schedule R				
Married filing		•			<i>-////</i> //	
jointly or	47	Education credits. Attach Form 8863				
Qualifying widow(er),	48	Retirement savings contributions credit. Attach Form 8880	48			
\$9,500	49	Child tax credit (see page 40)	49			
Head of household.	50	Adoption credit. Attach Form 8839				
\$7,000	51	Credits from: a Form 8396 b Form 8859	51			
	, .					
	52	Other credits. Check applicable box(es): a Form 3800				
		b Form 8801 c Specify	52			
	53	Add lines 44 through 52. These are your total credits			53	
	54	Subtract line 53 from line 43. If line 53 is more than line 43, enter - 0-			54	0.
	55	Self- employment tax. Attach Schedule SE				
Other						
Taxes	56	Social security and Medicare tax on tip income not reported to employ				
	57	Tax on qualified plans, including IRAs, and other tax-favored accoun				
	58	Advance earned income credit payments from Form(s) W-2			58	
	59	Household employment taxes. Attach Schedule H			59	
	60	Add lines 54 through 59. This is your total tax			60	0.
Daymana	61	Federal income tax withheld from Forms W- 2 and 1099			11111	
Payments			61			
If you have a	62	2003 estimated tax payments & amount applied from 2002 return	62			
qualifying	ຼ 63	Earned income credit (EIC) NO	63			
child, attach	64	Excess social security and tier 1 RRTA tax withheld (see page 56)	64		<i>////</i> //	
Schedule EIC						
	65	, and an		-		
	_ 65	Additional child tax credit. Attach Form 8812	65			
	- 65 66	Additional child tax credit. Attach Form 8812	65 66			
	- 65 66 67	Additional child tax credit. Attach Form 8812	65			
	- 65 66	Additional child tax credit. Attach Form 8812	65 66 67	>	68	0.
Refund	- 65 66 67	Additional child tax credit. Attach Form 8812	65 66 67		68	0. 0.
Refund	66 67 68 69	Additional child tax credit. Attach Form 8812 Amount paid with request for extension to file (see page 56) Other payments from: Form 2439 b	65 66 67		69	
Direct deposit?	66 67 68 69 70a	Additional child tax credit. Attach Form 8812 Amount paid with request for extension to file (see page 56) Other payments from: a	65 66 67 mount you overpaid			
Direct deposit? See page 56	66 67 68 69 70a	Additional child tax credit. Attach Form 8812 Amount paid with request for extension to file (see page 56) Other payments from: a	65 66 67		69	
Direct deposit? See page 56 and fill in 70b,	66 67 68 69 70a • b	Additional child tax credit. Attach Form 8812 Amount paid with request for extension to file (see page 56) Other payments from: a	65 66 67 mount you overpaid		69	
Direct deposit? See page 56 and fill in 70b, 70c, and 70d.	66 67 68 69 70a • b	Additional child tax credit. Attach Form 8812 Amount paid with request for extension to file (see page 56) Other payments from: Porm	65 66 67 mount you overpaid Savings		69	
Direct deposit? See page 56 and fill in 70b, 70c, and 70d. Amount	66 67 68 69 70a • b	Additional child tax credit. Attach Form 8812 Amount paid with request for extension to file (see page 56) Other payments from: a	65 66 67 mount you overpaid Savings		69	
Direct deposit? See page 56 and fill in 70b, 70c, and 70d.	66 67 68 69 70a > b d 71	Additional child tax credit. Attach Form 8812 Amount paid with request for extension to file (see page 56) Other payments from: a	65 66 67 mount you overpaid Savings 71 pay, see page 57		69 70a	
Direct deposit? See page 56 and fill in 70b, 70c, and 70d. Amount You Owe	66 67 68 69 70a b d 71 72 73	Additional child tax credit. Attach Form 8812 Amount paid with request for extension to file (see page 56) Other payments from: a	65 66 67 mount you overpaid Savings 71 20ay, see page 57 73		69 70a 72	0.
Direct deposit? See page 56 and fill in 70b, 70c, and 70d. Amount You Owe Third Party	66 67 68 69 70a b d 71 72 73	Additional child tax credit. Attach Form 8812 Amount paid with request for extension to file (see page 56) Other payments from: a	65 66 67 mount you overpaid Savings 71 pay, see page 57 73 age 58)? Yes		70a 772 te the fo	O.
Direct deposit? See page 56 and fill in 70b, 70c, and 70d. Amount You Owe	66 67 68 69 70a ▶ b ▼ d 71 72 73 Do you	Additional child tax credit. Attach Form 8812 Amount paid with request for extension to file (see page 56) Other payments from: a	65 66 67 mount you overpaid Savings 71 20ay, see page 57 73		70a 772 te the fo	0.
Direct deposit? See page 56 and fill in 70b, 70c, and 70d. Amount You Owe Third Party Designee	66 67 68 69 70a b d 71 72 73 Do you Design	Additional child tax credit. Attach Form 8812 Amount paid with request for extension to file (see page 56) Other payments from: a	65 66 67 mount you overpaid Savings 71 pay, see page 57 73 age 58)? Phone no.	·	70a 72 72 72 72 72 72 72 72 72 72 72 72 72	0. Illowing. No Personal ID number (PIN) ▶
Direct deposit? See page 56 and fill in 70b, 70c, and 70d. Amount You Owe Third Party Designee Sign	66 67 68 69 70a b d 71 72 73 Do you Design	Additional child tax credit. Attach Form 8812 Amount paid with request for extension to file (see page 56) Other payments from: a	65 66 67 mount you overpaid Savings 71 pay, see page 57 73 age 58)? Phone no.	·	70a 72 72 72 72 72 72 72 72 72 72 72 72 72	0. Illowing. No Personal ID number (PIN) ▶
Direct deposit? See page 56 and fill in 70b, 70c, and 70d. Amount You Owe Third Party Designee	66 67 68 69 70a ▶ b ↑ d 71 72 73 Do you Design	Additional child tax credit. Attach Form 8812 Amount paid with request for extension to file (see page 56) Other payments from: Form	65 66 67 mount you overpaid Savings 71 pay, see page 57 73 age 58)? Phone no. chedules and statements, is based on all information	·	70a 72 72 best of mpreparer is	O . Illowing. No Personal ID number (PIN) ▶ ny knowlédge and has any knowledge.
Direct deposit? See page 56 and fill in 70b, 70c, and 70d. Amount You Owe Third Party Designee Sign Here Joint return?	66 67 68 69 70a ▶ b ▼ d 71 72 73 Do you Design ▶ Under pubelief, th	Additional child tax credit. Attach Form 8812 Amount paid with request for extension to file (see page 56) Other payments from: Form	65 66 67 mount you overpaid Savings 71 pay, see page 57 73 age 58)? Yes Phone no. chedules and statements, is based on all information Your occupation	·	70a 72 72 best of mpreparer is	0. Illowing. No Personal ID number (PIN) ▶
Direct deposit? See page 56 and fill in 70b, 70c, and 70d. Amount You Owe Third Party Designee Sign Here Joint return? See page 20.	66 67 68 69 70a b d 71 72 73 Do you Design Vou Fo	Additional child tax credit. Attach Form 8812 Amount paid with request for extension to file (see page 56) Other payments from: Form	65 66 67 mount you overpaid Savings 71 pay, see page 57 73 age 58)? Phone no. Phedules and statements, is based on all information your occupation MUSICIAN	·	70a 72 72 best of mpreparer is	O . Illowing. No Personal ID number (PIN) ▶ ny knowlédge and has any knowledge.
Direct deposit? See page 56 and fill in 70b, 70c, and 70d. Amount You Owe Third Party Designee Sign Here Joint return? See page 20. Keep a copy for	66 67 68 69 70a b d 71 72 73 Do you Design Vou Fo Spo	Additional child tax credit. Attach Form 8812 Amount paid with request for extension to file (see page 56) Other payments from: Form	65 66 67 mount you overpaid Savings 71 pay, see page 57 73 age 58)? Yes Phone no. chedules and statements, is based on all information Your occupation	·	70a 72 72 best of mpreparer is	O . Illowing. No Personal ID number (PIN) ▶ ny knowlédge and has any knowledge.
Direct deposit? See page 56 and fill in 70b, 70c, and 70d. Amount You Owe Third Party Designee Sign Here Joint return? See page 20 Keep a copy for your records.	66 67 68 69 70a b d 71 72 73 Do you Design Wheelef, the You Fo Spo Fo	Additional child tax credit. Attach Form 8812 Amount paid with request for extension to file (see page 56). Other payments from: Porm	65 66 67 mount you overpaid Savings 71 pay, see page 57 73 age 58)? Phone no. Phedules and statements, is based on all information your occupation MUSICIAN	·	70a 72 72 best of mpreparer is	O . Illowing. No Personal ID number (PIN) ▶ ny knowlédge and has any knowledge.
Direct deposit? See page 56 and fill in 70b, 70c, and 70d. Amount You Owe Third Party Designee Sign Here Joint return? See page 20. Keep a copy for your records.	66 67 68 69 70a b d 71 72 73 Do you Design Woulder probelief, the you Fo Spo Freparei	Additional child tax credit. Attach Form 8812 Amount paid with request for extension to file (see page 56). Other payments from: Form	65 66 67 mount you overpaid Savings 71 pay, see page 57 73 age 58)? Phone no. chedules and statements, is based on all information Your occupation MUSICIAN Spouse's occupation	and to the	70a 72 72 8 te the following preparer is Daytime	O . Illowing. No Personal ID number (PIN) ▶ ny knowlédge and has any knowledge.
Direct deposit? See page 56 and fill in 70b, 70c, and 70d. Amount You Owe Third Party Designee Sign Here Joint return? See page 20. Keep a copy for your records. Paid Preparer's	66 67 68 69 70a b d 71 72 73 Do you Design Wheelef, the you Fo Spo Fro Preparetsignature	Additional child tax credit. Attach Form 8812 Amount paid with request for extension to file (see page 56). Other payments from: Form	65 66 67 mount you overpaid Savings 71 pay, see page 57 73 age 58)? Yes Phone no. Phone no. Wheelules and statements, is based on all information Your occupation MUSICIAN Spouse's occupation Check if	and to the	70a 72 72 8 te the following preparer is Daytime	Illowing. No Personal ID number (PIN) Image: Nowledge and has any knowledge. Rephone number
Direct deposit? See page 56 and fill in 70b, 70c, and 70d. Amount You Owe Third Party Designee Sign Here Joint return? See page 20. Keep a copy for your records. Paid Preparer's	66 67 68 69 70a b d 71 72 73 Do you Design Vou Fo Spo Fo Prepareisignature Firm's na	Additional child tax credit. Attach Form 8812 Amount paid with request for extension to file (see page 56) Other payments from: Form	65 66 67 mount you overpaid Savings 71 pay, see page 57 73 age 58)? Phone no. chedules and statements, is based on all information Your occupation MUSICIAN Spouse's occupation	and to the n of which	70a 72 te the following preparer in Daytimes	O. Illowing. No Personal ID number (PIN) ▶ has any knowledge and has any knowledge. e phone number 's SSN or PTIN
Direct deposit? See page 56 and fill in 70b, 70c, and 70d. Amount You Owe Third Party Designee Sign Here Joint return? See page 20 Keep a copy for your records. Paid Preparer's Use Only	66 67 68 69 70a b d 71 72 73 Do you Design Vour Fo Spo Fo Preparers	Additional child tax credit. Attach Form 8812 Amount paid with request for extension to file (see page 56). Other payments from: Form	65 66 67 mount you overpaid Savings 71 pay, see page 57 73 age 58)? Yes Phone no. phedules and statements, is based on all information Your occupation MUSICIAN Spouse's occupation Check if 2004 self-employ	and to the n of which	70a 72 72 The the following preparer in Daytimes Preparer 3 – 2 2 2	O. Illowing. No No Personal ID number (PIN) No Nowledge and has any knowledge. Pin Nowledge Personal ID number Nowledge Nowledge Nowledge Nowledge Personal ID number Nowledge Nowledge Nowledge Nowledge Personal ID number Nowledge Nowled

SCHEDULE C (Form 1040)

Department of the Treasury

Profit or Loss From Business

(Sole Proprietorship)

Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.

► Attach to Form 1040 or 1041. ► See Instructions for Schedule C (Form 1040). OMB No. 1545-0074 Attachment Sequence No. 09

<u>Int</u>	ernal Revenue Service (99) Att	tach to Form 1040 or 1041.	► See Instructions for Schedule C (Form 1040).		Sequence No. 09
	ame of proprietor			Social sec		
<u>D</u>	AVID J CATANZARO			_ 		
Α	Principal business or profession, i EVANGELIST: SERVI		e page C-2 of the instructions)	B Enter co	ode from p 71151(ages C-7, 8, & 9
С	Business name. If no separate bu DAVE CATANZARO ONE		S			per (EIN), if any
E	Business address (including suite or	rroomno.) ► 626 PENN	AVE			
_	City, town or post office, state, and Z					
F	-	Cash (2) Accrual	(3) Other (specify)			
G			ng 2003? If "No," see page C- 3 for limit o	n losses .		X Yes No
H	If you started or acquired this busine	ss during 2003, check here	· · · · · · · · · · · · · · · · · · ·	 .		•
				 -		
1	Gross receipts or sales. Caution. If the employee" box on that form was che	nis income was reported to you o cked, see page C-3 and check	on Form W- 2 and the "Statutory here	. ▶ 🔲	1	7,229.
2	Returns and allowances				2	
3					3	7,229.
4	Cost of goods sold (from line 42 on p	age 2)			4	
5	Gross profit. Subtract line 4 from line				5	7,229.
6	Other income, including Federal and	state gasoline or fuel tax credit of	or refund (see page C-3)		6	
						,
7 55	Gross income. Add lines 5 and 6	 	 	<u> </u>	7	7,229.
	-		se of your home only on line		,	
8	Advertising	8	19 Pension and profit- sharing pla	ans	19	
9	Car and truck expenses		20 Rent or lease (see page C- 5):			
40	(see page C-3).	9 4,338.	a Vehicles, machinery, and equi	pment	20a	
10	Commissions and fees	10	b Other business property .		20b	
11	Contract labor		21 Repairs and maintenance		21	
40	(see page C-4).	11 12	22 Supplies (not included in Part I	II)	22	1,867.
12 13	Depletion Depreciation and section 179	12	7		23	
13	expense deduction (not included		24 Travel, meals, and entertainme	ent:		
	in Part III) (see page C-4).	12	a Travel		24a	399.
14	Employee benefit programs	13	b Meals and	2 600		
14	(other than on line 19)	14	entertainment	3,600.	-	
15	Insurance (other than health)	15 252.	c Enter nondeduct-			
16	Interest:		ible amount in-			
a	Mortgage (paid to banks, etc.)	16a	cluded on line 24b (see page C- 5)	1,800.		
b	Other -	16b	d Subtract line 24c from line 24b	1,000.	24d	1,800.
17	Legal and professional		25 Utilities		25	1,000.
••	services	17 100.	26 Wages (less employment credi	ts)	26	
			27 Other expenses (from line 48 or		-	
18	Office expense	18	page 2)		27	394.
28	Total expenses before expenses for t	business use of home. Add lines		•	28	9,150.
	Tentative profit (loss). Subtract line 28				29	(1,921.)
30	Expenses for business use of your hor	ne. Attach Form 8829			30	
	Net profit or (loss). Subtract line 30 fro			_		
	If a profit, enter on Form 1040, line 1		ne 2 (statutory employees,			
	see page C-6). Estates and trusts, ente	er on Form 1041, line 3.		}	31	(1,921.)
	If a loss, you must go to line 32.					
32	f you have a loss, check the box that d	escribes your investment in this	activity (see page C-6).	٦		
	If you checked 32a, enter the loss on	Form 1040, line 12, and also or	n Schedule SE, line 2	32		nvestment is at risk.
	statutory employees, see page C- 6). {		n 1041, line 3.	32		ne investment is not
	If you checked 32b, you must attach	Form 6198.			at ris	sk.

	art III Cost of Goods Sold (see page C-6)			Page
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (atta	ch exp	lanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation		_	
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36_		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		<u></u>
40	Add lines 35 through 39	40		·
41	Inventory at end of year	41		
42 Da	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4. Information on Your Vehicle. Complete this part only if you are claiming car or tr	42		_
	line 9 and are not required to file Form 4562 for this business. See the instruction C-4 to find out if you must file Form 4562.	ns fo	expenses o or line 13 o	n n page
43	When did you place your vehicle in service for business purposes? (month, day, year) ▶ 4/15/2002		· · · · · · · · · · · · · · · · · · ·	
44	Of the total number of miles you drove your vehicle during 2003, enter the number of miles you used your vehicle for:			
a	Business 0 c Other		c	9120
45	Do you (or your spouse) have another vehicle available for personal use?			X No
46	Was your vehicle available for personal use during off- duty hours?			No
47a	Do you have evidence to support your deduction?		X Yes	No
7	If "Yes," is the evidence written?	<u> </u>	X Yes	No
	Other Expenses. List below business expenses not included on lines 8-26 or line	30.		
LO	IG DISTANCE PHONE			283.
VIS	SA MC FEES	_		59.
POS	STAGE			52.
		_		
				
48	Total other expenses. Enter here and on page 1, line 27	48		394.

Schedule C (Form 1040) 2003

Schedule A - NOL (see page 5 of the instructions)

	(coo page of the months)		
1	Adjusted gross income from your 2003 Form 1040, line 35. Estates and trusts, skip lines 1 and 2		
2	Deductions:		
a	Enter the amount from your 2003 Form 1040, line 37		
b	Enter your deduction for exemptions from your 2003 Form 1040, line 39		
С	Add lines 2a and 2b		
3	Subtract line 2c from line 1. Estates and trusts, enter taxable income increased by the sum of the charitable deduction and income distribution deduction	3	(9,721
	Note: If line 3 is zero or more, do not complete the rest of the schedule. You do not have an NOL.		
4	Deduction for exemptions from line 2b above. Estates and trusts, enter the exemption amount from tax return	4	3,050
5			
•	Total nonbusiness capital losses before limitation. Enter as a positive number		
6	Total nonbusiness capital gains (without regard to any section 1202		
	exclusion)		
7	If line 5 is more than line 6, enter the difference; otherwise, enter - 0		
8	If line 6 is more than line 5, enter the difference;		
	otherwise, enter - 0- 8 0		
9	Nonbusiness deductions (see page 5 of the instructions)		
10	Nonbusiness income other than capital gains (see page 5 of the instructions)		
11	Add lines 8 and 10		
12	If line 9 is more than line 11, enter the difference; otherwise, enter - 0-	12	4,750
13	If line 11 is more than line 9, enter the difference;		
	otherwise, enter - 0 But do not enter more than		
	line 8		
14	Total business capital losses before limitation. Enter as a positive number		
15	Total business capital gains (without regard to any section 1202 exclusion)		
16	Add lines 13 and 15		
17	Subtract line 16 from line 14. If zero or less, enter - 0		
18	Add lines 7 and 17		
19	Enter the loss, if any, from line 17a of Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 16a, column (3), of Schedule		
	D (Form 1041).) Enter as a positive number. If you do not have a loss on		
	that line (and do not have a section 1202 exclusion), skip lines 19 through 24 and enter on line 25 the amount from line 18		
20	Section 1202 exclusion. Enter as a positive number	20	
21	Subtract line 20 from line 19. If zero or less, enter - 0-		
22	Enter the loss, if any, from line 18 of Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 17 of Schedule D (Form 1041).) Enter as a positive number		
23	If line 21 is more than line 22, enter the difference; otherwise, enter - 0		
24	If line 22 is more than line 21, enter the difference; otherwise, enter - 0-	24	0
25	Subtract line 23 from line 18. If zero or less, enter - 0-	25	0
26	NOL deduction for losses from other years. Enter as a positive number	26	
27	NOL. Combine lines 3, 4, 12, 20, 24, 25, and 26. If the result is less than zero, enter it here and		
	on page 1, line 1a. if the result is zero or more, you do not have an NOL	27	(1,921)
KBA			Form 1045A (2003)

PA- 40 - 2003 Pennsylvania Income Tax Return ENTER ONE LETTER OR NUMBER IN EACH BOX. Do Not Use Your Preprinted Label

				N	Extension.	
CATANZARO				N	Amended Return.	
DAVID	J Occupati		N .	R	Residency Status. PA Resident/Nonr	esident/Part-Year Resident
626 PENN AVE				Z		ling Jointly/Married, Final Return/Deceased
				N	Farmers.	
MAYFIELD	PA	18433				·
570 876 1009	-	35460	į			
1a Gross Compensation. Do not inc qualifying retirement benefits. Se	·	e, such as combat zo	one pay and		la	0
1b Unreimbursed Employee Busine 1c Net Compensation. Subtract Line					lb lc	0
 Interest Income. Complete and s Dividend Income. Complete and Net Income or Loss from the Ope Profession, or Farm. 	submit PA Schedu	le B if over \$2,500.	LOSS	Υ	2 3 4	-3721 0
5 Net Gain or Loss from the Sale, Ex 6 Net Income or Loss from Rents, R 7 Estate or Trust Income. Complete 8 Gambling and Lottery Winnings. 9 Total PA Taxable Income. Add of 2, 3, 4, 5, 6, 7, and 8. DO NOT ADD	Royalties, Patents, o e and submit PA Sc only the positive inc	r Copyrights. hedule J. ome amounts from L		N N	5 6 7 8 9	0 0 0 0
10 Medical Savings Account. CAU See the instructions.	TION. Do not dedu	ct medical expenses	orinsurance).	70	0
11 Adjusted PA Taxable Income. S	Subtract Line 10 fror	n Line 9.			ll	0
		E		Ĺ		
0300117025	EC	Page 1 o	f2	FC		L17025

PA-40 - 2003 Social Security Number

Name(s) DAVID J CATANZARO

12	, , , , , , , , , , , , , , , , , , , ,	75		0
13 ••	Total PA Tax Withheld. See the instructions.	13		0
•		r		
14	Credit from your 2002 PA Income Tax return.	14		0
15		15		0
	2003 Extension Payment.	16		0
17	Nonresident Tax Withheld from your PA Schedule(s) NRK-1 . (Nonresidents only) Total Estimated Payments and Credits. Add Lines 14, 15, 16, and 17.	17		0
10	Total Estimated Payments and Credits. Add Lines 14, 15, 16, and 17.	18		0
TAX	BACK/Tax Forgiveness Credit.			
	Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased	19a	00	
	Dependents, Part B, Line 2, PA Schedule SP	196	00	_
20 21	Total Eligibility Income from Part C, Line 11, PA Schedule SP. TAX BACK/Tax Forgiveness Credit from Part D, Line 16, PA Schedule SP.	50		. 0
21	TAX BACIN TAX FOR GIVENESS CIEUTE HOM FAIT D, LINE 10, FA Schedule SF.	51		0
22 23	Resident Credit. Submit your PA Schedule(s) G and/or RK-1. Total Other Credits. Submit your PA Schedule OC.	22		0
	TOTAL PAYMENTS and CREDITS. Add Lines 13 and 18, 21, 22, and 23.	23 24		0
	TAX DUE. If Line 12 is more than Line 24, enter the difference here.	25		0
	Penalties and Interest. See the instructions.	56		Ö
27	TOTAL PAYMENT. Add Lines 25 and 26.	27		0
28	OVERPAYMENT. If Line 24 is more than the total of Line 12 and Line 26, enter	28		Ō
	the difference here.			
	The total of Lines 29 through 35 must equal Line 28.		/	_
	Refund - Amount of Line 28 you want as a check mailed to you. Refund Credit - Amount of Line 28 you want as a credit to your 2004 estimated account.	29		0
	Amount of Line 28 you want to donate to the Wild Resource Conservation Fund.	37 30		0
	Amount of Line 28 you want to donate to the United States Olympic Committee.	35		0
	Amount of Line 28 you want to donate to the Governor Robert P. Casey Memorial	33		Ö
	Organ and Tissue Donation Awareness Trust Fund.			
34	Amount of Line 28 you want to donate to the Korea/Vietnam Memorial Inc.	34		o
35	Amount of Line 28 you want to donate to the Breast and Cervical Cancer	35		Ō
	Research Fund.			

Your Signature FOR INFORMATION ONLY	Date	Spouse's Signature, if filing jointly FOR INFORMATION ON	
Preparer or Company Name, other than taxpayer(s), based	on all information of	which the preparer has any knowled	ge. (Please Print)
		Date	Preparer telephone number
H R BLOCK		04/14/04	(570) 282-3311

Page 2 of 2

0300217023

0300217023

PA SCHEDULE SP

0301750070

Special TAX BACK/Tax Forgiveness

PA-40 Schedule SP (09-03) 2003

OFFICIAL USE ONLY

DAVID J CATANZARO			wn first)	Social Security Number
Spouse's Name (even if filing separately)				Spouse's Social Security Number
Part A. Filing Status for TAX BACK/Tax Forgiv	eness.			
X Unmarried. Fill in the Unmarried box on Line	19a of vour PA-40 an	d the hox that describes v	nursituation	
X Single. Unmarried on December 31, 20			our skaadorr.	
Single and claimed as a dependent on			tor the other nerse	n'a nama(a) and SSN(a)
SSN: SSN:				· · ·
Separated. Fill in the Unmarried box on Line last six months of 2003, or (b) you	19a of your PA- 40 , on	ly if: (a) you are separated	pursuant to a writt	en agreement and lived apart for the
Married. Fill in the Married box on Line 19a of				
Married and claiming TAX BACK/Tax Fo	orgiveness together w	vith my spouse.		
Married and filing separate PA tax return information on each PA Schedule SP.			that you and your	spouse are submitting the same
Married with a spouse who is a dependent of the person claiming your spouse.	ent on another person	's PA Schedule SP or Fed	leral Income Tax r	eturn. Enter the SSN(s) and name(s)
SSN: SSN:				
Separated and living apart from my spo	use, but for less than t	he last six months of 2003	Enter spouse's S	SN and name above.
Deceased. Fill in the Deceased box on Line 1 Decedent's box in Part C. Briefly explain the m	9a of your PA-40 . You ethod you used to ann	must annualize the dece nualize the claimant's inco	dent's income - se me here:	e the instructions. Fill in the
art B. Dependent Children. Provide all of the in	formation for each dep	pendent child. Submit add	itional sheets in th	s format if needed.
1. Dependent's Name Age	Relationship	Social Security No.	Important:	Only claim the child or children
			that you cla	med as your dependent(s) on your
				al Income Tax Return.
				dependent children for
				le SP. Enter on Line PA-40 2. O
art C. Eligibility Income. If Unmarried or Separa	ated, or for a Decedent	t, use the Your Income co	lumn.	
heck to show that you are reporting the deceder				
	ıt s annualized incom	ne.		
			ometotal Reporti	ocome that is not taxable for PA
Married, use the Your Income and Spouse Incom	e columns. Add the to	tals and use the Joint Inc		ncome that is not taxable for PA
Married, use the Your Income and Spouse Incom urposes on Lines 2 through 10. See the instructions	e columns. Add the to	tals and use the Joint Inc	ome total. Report i Spouse	
Married, use the Your Income and Spouse Incom urposes on Lines 2 through 10. See the instructions PA Taxable Income from your PA-40	e columns. Add the to	tals and use the Joint Inco Your 000		The Eligibility
Married, use the Your Income and Spouse Incom urposes on Lines 2 through 10. See the instructions PA Taxable Income from your PA-40 Nontaxable interest, dividends and gains	e columns. Add the to:	tals and use the Joint Inco Your 000		
Married, use the Your Income and Spouse Incom Irposes on Lines 2 through 10. See the instructions PA Taxable Income from your PA-40	e columns. Add the to	Your OOO OOO		The Eligibility Income Tables are
Married, use the Your Income and Spouse Incom urposes on Lines 2 through 10. See the instructions PA Taxable Income from your PA-40 Nontaxable interest, dividends and gains Alimony Insurance proceeds and inheritances	e columns. Add the to	tals and use the Joint Inc. Your 000 000 000		The Eligibility Income Tables are on page 30.
Married, use the Your Income and Spouse Incom Irposes on Lines 2 through 10. See the instructions PA Taxable Income from your PA-40 Nontaxable interest, dividends and gains Alimony Insurance proceeds and inheritances Gifts, awards, and prizes	e columns. Add the to:	tals and use the Joint Inc. Your 000 000 000 000		The Eligibility Income Tables are
Married, use the Your Income and Spouse Incom urposes on Lines 2 through 10. See the instructions PA Taxable Income from your PA-40 Nontaxable interest, dividends and gains Alimony Insurance proceeds and inheritances Gifts, awards, and prizes Nonresident income - Part-year residents and ne	e columns. Add the to:	tals and use the Joint Inco Your 000 000 000 000 000 000		The Eligibility Income Tables are on page 30. Unmarried or Separated- Use Eligibility Income Table 1
Married, use the Your Income and Spouse Incom urposes on Lines 2 through 10. See the instructions PA Taxable Income from your PA-40 Nontaxable interest, dividends and gains Alimony Insurance proceeds and inheritances Gifts, awards, and prizes Nonresident income - Part- year residents and no Nontaxable military income. Do not include comb	e columns. Add the to:	tals and use the Joint Inco Your 000 000 000 000 000 000 000		The Eligibility Income Tables are on page 30. Unmarried or Separated- Use Eligibility Income Table 1 Decedent-
Married, use the Your Income and Spouse Incomurposes on Lines 2 through 10. See the instructions PA Taxable Income from your PA-40 Nontaxable interest, dividends and gains Alimony Insurance proceeds and inheritances Gifts, awards, and prizes Nonresident income - Part-year residents and no Nontaxable military income. Do not include comb	e columns. Add the to	tals and use the Joint Inc. Your 000 000 000 000 000 000 000 000		The Eligibility Income Tables are on page 30. Unmarried or Separated Use Eligibility Income Table 1
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Married, use the Your Income and Spouse Income urposes on Lines 2 through 10. See the instructions PA Taxable Income from your PA-40	e columns. Add the to	tals and use the Joint Inc. Your 000 000 000 000 000 000 000 000		The Eligibility Income Tables are on page 30. Unmarried or Separated- Use Eligibility Income Table 1 Decedent- Use Eligibility Income Table 1
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Married, use the Your Income and Spouse Income process on Lines 2 through 10. See the instructions PA Taxable Income from your PA-40. Nontaxable interest, dividends and gains. Alimony. Insurance proceeds and inheritances. Gifts, awards, and prizes. Nonresident income - Part-year residents and not Nontaxable military income. Do not include comb Gain excluded from the sale of a residence. Nontaxable educational assistance. Cash received for personal purposes from outsid. Total Eligibility Income. Add Lines 1 through 10 Enter on Line 20 of your PA-40.	e columns. Add the to	tals and use the Joint Inco Your 000 000 000 000 000 000 000 000 000	Spouse	The Eligibility Income Tables are on page 30. Unmarried or Separated-Use Eligibility Income Table 1 Decedent-Use Eligibility Income Table 1 Married- Use Eligibility Income Table 2
Married, use the Your Income and Spouse Income process on Lines 2 through 10. See the instructions PA Taxable Income from your PA-40	e columns. Add the to	tals and use the Joint Inco Your 000 000 000 000 000 000 000 000 000	Spouse	The Eligibility Income Tables are on page 30. Unmarried or Separated-Use Eligibility Income Table 1 Decedent-Use Eligibility Income Table 1 Married-Use Eligibility Income Table 2 Joint Income
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Married, use the Your Income and Spouse Income process on Lines 2 through 10. See the instructions PA Taxable Income from your PA-40. Nontaxable interest, dividends and gains. Alimony. Insurance proceeds and inheritances. Gifts, awards, and prizes. Nonresident income - Part-year residents and not Nontaxable military income. Do not include combe Gain excluded from the sale of a residence. Nontaxable educational assistance. Cash received for personal purposes from outsid. Total Eligibility Income. Add Lines 1 through 10 Enter on Line 20 of your PA-40. art D. Calculating Your TAX BACK/Tax Forgive PA Tax Liability, from your PA-40, Line 12.	e columns. Add the to	tals and use the Joint Inc. Your 000 000 000 000 000 000 000 000 000	Spouse	The Eligibility Income Tables are on page 30. Unmarried or Separated-Use Eligibility Income Table 1 Decedent-Use Eligibility Income Table 1 Married-Use Eligibility Income Table 2 Joint Income
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Married, use the Your Income and Spouse Income process on Lines 2 through 10. See the instructions PA Taxable Income from your PA-40. Nontaxable interest, dividends and gains	e columns. Add the to 1.	tals and use the Joint Inc. Your 000 000 000 000 000 000 000 000 000	Total	The Eligibility Income Tables are on page 30. Unmarried or Separated-Use Eligibility Income Table 1 Decedent-Use Eligibility Income Table 1 Married-Use Eligibility Income Table 2 Joint Income 12. 000 13. 000 14. 000
Married, use the Your Income and Spouse Income proses on Lines 2 through 10. See the instructions PA Taxable Income from your PA-40. Nontaxable interest, dividends and gains. Alimony. Insurance proceeds and inheritances. Gifts, awards, and prizes. Nonresident income - Part-year residents and not Nontaxable military income. Do not include combe Gain excluded from the sale of a residence. Nontaxable educational assistance. Cash received for personal purposes from outsid. Total Eligibility Income. Add Lines 1 through 10 Enter on Line 20 of your PA-40. Art D. Calculating Your TAX BACK/Tax Forgive PA Tax Liability, from your PA-40, Line 12. Less Resident Credit, from your PA-40, Line 22.	e columns. Add the to	tals and use the Joint Inc. Your 000 000 000 000 000 000 000 000 000	Total	The Eligibility Income Tables are on page 30. Unmarried or Separated-Use Eligibility Income Table 1 Decedent-Use Eligibility Income Table 1 Married-Use Eligibility Income Table 2 Joint Income 12. 000 13. 000 14. 000

0301750070

0301750070

PA Schedule C

0303110043

Profit or Loss From Business or Profession (SOLE PROPRIETORSHIP)

PA- 40 C (09- 03)
PA DEPARTMENT OF REVENUE 2003

Attach to form PA- 40, PA- 20S/PA- 65, or PA- 41

OFFICIAL USE ONLY

	ame of owner as shown on PA tax return. AVID J CATANZARO				Socia	Owner's I Security Num		10	OFFICIA	<u> </u>	. 0110
	Main business activity ► EVANGELIST					duct or service		CE			
	Business Name ► DAVE CATANZARO	ONE VOICE MI	NTC	ייי ב			T				
	Business address (number and street) 626) <u>. r</u>	(<u>1</u> 11	<u></u>	_ C Employe	riaenti	fication Number		
•	City, State, and ZIP Code ► MAYFIELD,					· · · · · · · · · · · · · · · · · · ·	-				С
-	Method(s) used to value closing inventory, chec						Salas Tay Li		Number (if applica		<u> </u>
_	(1) X Cost (2) Lower of cost or mai						Sales Tax Li	cense	Mumber (II applica	ible)	
	(3) Other (if other, attach explanation)										
F	Accounting method, check the appropriate box	: (1) X Cash (2)	\Box	Acc	rual	(3) Other	(specify)▶		Г	Yes	No
	Was there any change in determining quantities	s. costs. or valuations bet	ween.	ODE	ning a	and closing inve	entory?			163	X
	If "Yes," attach explanation.	, ,									
H	Did you deduct expenses for an office in your ho	ome?					i		**	200000000000000000000000000000000000000	X
	PART I Income										
1	a Gross receipts or sales				1a		7,22900				
	b Returns and allowances						000				
	c Balance (subtract Line 1b from Line 1a)							1c	7.	229	000
2	Cost of goods sold and/or operations (Schedul	e C- 1, Line 8)						2			000
3	Gross profit (subtract Line 2 from Line 1c)							3	7,	229	
4	Gross profit (subtract Line 2 from Line 1c) Other Income (attach schedule) Include interest from ac and other business accounts. Also include sales of open	counts receivable, business or rational assets. See Instructio	ch eck	ing a	ccount	s,		4			000
5	Total income (add Lines 3 and 4)					<u> </u>		5	7,	229	00
	PART II Deductions										
6	Advertising			30	Utili	ties		[T
7	Amortization			31	Wag	jes		[
8	Bad debts from sales or services			32	Oth	er expenses (sp	ecify):				
9	Bank charges		Ш		а	LONG DIS	TANCE P	_ [283	ΙDO
10		4,338	00		b	VISA	MC FEES	_		59	po
11	Commissions				С		POSTAGE			52	bo
	Cost depletion but not percentage depletion		Щ		d			_			_
	Depreciation (see the instructions)		Ш		е			_			<u> </u>
14					f			_			
15	Employee benefit programs other than on Line 22				g			_			<u> </u>
	Freight (not included on Schedule C-1)				h		· · · · · · · · · · · · · · · · · · ·	_			<u> </u>
17	Insurance	252	00		į			- -			↓
18	Interest on business indebtedness				j		· -	_			—
	Laundry and cleaning				k			- L			<u> </u>
	Legal and professional services	100	00		Ι.		···	- -			<u> </u>
21	Office supplies				m			- -			<u> </u>
	Pension and profit-sharing plans for employees				n .			- -			<u> </u>
	Postage		\dashv		٥.			- -			<u> </u>
	Rent on business property		-		Р.			- ├			—
	Repairs	1 0676			٩.			- -			_
	Supplies (not included on Schedule C-1)	1,8670	\neg	32		other expense		- 1		394	_
28	Telephone			33 34		Expenses. Add Li e expenses by th		··	10,9	1500	יטק
	Travel and entertainment	3,9990		- •	credit	s claimed (for exa	mple, Employme				00
	Total Adjusted Expenses deductions Subtract Lin	246				ive Payments Cre			10.0		00
55 _	result reliance expenses againsting Subtract Fir	ie 54 HOITI LINE 55		• • • •		 		35	10,9	,50¢	10
36	Net profit or loss (subtract Line 35 from Line 5). If a	netines check the how	Enter	rthe	recul	on your DA tou	return X	26	-3,7	127	١0
		IOSS, CHECK THE DUX. I	-iitei	uie	result	on your FA tax	return [A]	36	-3,1	<u> </u>	,,,

PA Schedule C

0303220040

PA- 40 C (09- 02)

PA DEPARTMENT OF REVENUE

N:	ame of owner as shown on PA	tay return				Sanial Sa	and the Alexander	OFFICIAL USE	DNL
	AVID J CATANZARO	tax i ctui ii.				Social Se	curity Numb	er	
-	SCHEDULE C-1-Cost of	M Goods Sold	and/or Operatio	ns					****
	1 Inventory at beginning of year				lanation)		1	0	000
	2 a Purchases				1				
	b Cost of items withdrawn t								
	c Balance (subtract Line 2b						. 2c		
3	3 Cost of labor (do not include sa								\vdash
	4 Materials and supplies								Г
5	Other costs (attach schedule)						. 5		Τ
	6 Add Lines 1, 2c, 3, 4, and 5								Γ
	7 Inventory at end of year								
8	3 Cost of goods sold and/or ope	rations (subtract Line	e 7 from Line 6) Enter I	here and on F	art 1, Line 2.	· · · · · · · · · · · · · · · · · · ·	▶ 8	0	00
	SCHEDULE C-2-Deprei	ciation							
ex als	A PIT law does not permit the bon pensing to the expensing allowe so report straight- line depreciation ed to take advantage of Pennsyl	d at the time you plac on, unless not using a	ced the asset into serv an optional accelerate	ice or the exp d depreciatio	ensing in effe n method Yo	ct under the IR(C of 1986. Fo	reach asset you mus	t
	Description of property	Date acquired	Cost or other basis	Depreciation	on allowed or	Method of	Life	Depreciation for	
	(-)				n prior years	computing depreciation	or rate	this year	
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	
	Total additional first- year depre	eciation (do not inclu I	ide in items below)	.	***************************************	4		4	00000
2	Other depreciation:								
	Buildings		 		··				
	Furniture and fixtures								
	Transportation equipment		 						
	Machinery & other equipment	·	 	-					
	Other (specify)			-					
		<u> </u>		 					
			<u> </u>						
<u></u>									
			 						
3	Totale			 		L			
	Totals		L				3		
5	Any depreciation included in So	nedule C- 1		• • • • • • • • • •	• • • • • • • • • •		4		
Š	Balance (subtract Line 4 from Li CHEDULE C-3 Expens	a information	ion Partii, Line 13		<u></u>	>	5		
f yc	ou incur any of these expenses, e pose. Only include in Part II those I may never deduct any personal	nter the amount of the	ne expense and descri ordinary, necessary, di	ibe in an itemi rectly- related	zed statemen I, and incurre	it the kinds of co d in operating t	osts incurred ne business.	and the business	
					Total			Business	
A .	Entertainment facility (boat, reso	ort, ranch, etc.)		\$			\$		
В.	Living accommodations (except	t employees on busir	ness)	\$			\$		
ο.	Vacations for yourself, your emp	loyees, or their famil	ies.	\$			\$		
				<u></u>					_

Form PA- 8879	Pennsylvania e-file Signature Authorization	2003
Declaration Control Number (DCN) 00-230 6624 Taxpayer's Name Spouse's Norman Spouse's Name Spous		
Taxpayer's Name	Soc AVID II	ial Security Number
		use's Social Security Number
PART I Tax R	eturn Information - Tax Year Ending December 31, 2003 (Whole Dollars O	nly)
1.	Adjusted PA Taxable Income (Form PA- 40, line 11)	1.
2.	PA Tax Liability (Form PA- 40, line 12)	2
3.	Total PA Tax Withheld (Form PA- 40, line 13)	3
4.	Refund (Form PA- 40, line 29).	4
		Withdrawal Consent.
_		
	· · · · · · · · · · · · · · · · · · ·	as my signature on my
I will enter my PIN	as my signature on my tax year 2003 electronically filed income tax return.	
Your signature	COPY ONLY	Date 04/14/2004
Spouse's PIN:	(Check one box only) to enter my PIN	as my signature on my
tax year 2003 elec	tronically filed income tax return.	as my signature on my
I will enter my PIN	as my signature on my tax year 2003 electronically filed income tax return.	
Spouse's signature _	COPY ONLY	Date
	Practitioner PIN Program Participants Only - Continue Below	
PART III Certific	ation and Authentication - Practitioner PIN Program	
As a p 2003 g	s EFIN/PIN. Enter your six- digit EFIN followed by your five- digit self- selected PIN 23066201402 articipant in the Practitioner PIN Program, I certify that the above numberic entry is my PIN, which is my selectronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am participating is accordance with the requirements established for this program.	ignature on the tax year

ERO Must Retain This Form and the Supporting Documents for three (3) years.

DO NOT SUBMIT THIS FORM TO PENNSYLVANIA

1040	Į	epar J.S	tment of the Treasury - Internal Re . Individual Incom	venue Serv	Return	200	1					
Label			ne year Jan. 1- Dec. 31, 2004, or oth			<u> </u>	(99)	IRS Use Only -	Do not w	rite or sta	ple in this spac	CO.
Label	Γ	D?	VID J CATANZAR	O	beginning	, 2004,	ending	. 20	├		o. 1545-007	
			ABIDA CATANZAR						Your	socials	ecurity num	iber
Use the IRS label.	1		6 UPPER POWDER:		1				l			
Otherwise.			RBONDALE, PA 1						Spou		cial security	numb
please print	ı		,	,					<u> </u>	UNAL		
or type.	L									Imp	ortant!	
Presidential			Note. Checking "Yes" will	notchano	10 your tax or rec	duce your ref	und				your SSN(s) abov
Election Cam	pa	ign	Do you, or your spouse if fi	ling a join	treturn, want \$3	Sto an to this	fund?	_		ou 	Spot	
Filing Statu	us	1	Single	_ <u></u>		4		f househald (with	\ <u>\</u>	es X I	Vo Ye	s N
• .		2	X Married filing jointly (even	if only on	e had income)	•	Head	of household (with	qualityin	g perso	n). (See pag	e 17.)
Check only		3	Married filing separately. Ent			name helow	n the q	ualifying person is a c name here. ►	hild but no	t your de	pendent, ente	r this
one box.						5						
Exemptions	s		X Yourself. If someone ca	an claim y	ou as a depende		beck box 6s	ring widow(er) with	aepena	entchild	(see page 1	
		b	X Spouse				TOOK BOX OF		• •	· ·}	on 6a and 6b	
•		C	Dependents:			(2) Der	endent's	(3) Dependen	t's (4)		No. of childre on 6c who:	
	_		(1) First name Last	name			urity numbe	relationship t	O c	if qual.		
If more than fou								you you	lchi	ld tax cr.	• did not live to	with yo
dependents,	" –									 	or separation	
see page 18.	_				_	7			-+	+-	Dependents on 6c not	
	_									 - -	entered above	,
	_	<u>d</u>	Total number of exemptions of								Add numbers on lines	1.
Income		7	Wages, salaries, tips, etc. A	ttach Fon	m(s) W- 2		<u> </u>		· ///	<i>ii</i>	above	
									- ///	//		•
 . .		8	Taxable interest. Attach Sch	redule Bit	required				- / 8			
Attach Form(s) W- 2 here. Also		i	Tax- exempt interest. Do no	tinclude	on line 8a		86		· 77	'		
attach Forms		9:	Ordinary dividends. Attach S	Schedule	Bif required .			· · · · · · · · · · · · · · · · · · ·	/// 9:			
W- 2G and			Qualified dividends (see pag	je 20) .			9b		777	<u></u>		
1099- R if tax was withheld.		10	Taxable refunds, credits, or	offsets of s	state and local in	come taxes	(see page 2	(0)	10	7		
was manicia.		11	Allmony received						11			
		12	Business income or (loss). A	ttach Sch	edule C or C- E2	<u>.</u>			12		10	81.
		13	Capital gain/(loss). Attach So	h D. II not	required check he	ere			13			01.
If you did not		14	Other gains or (losses). Attac	h Form 47	797				14			
get a W- 2,			IRA distributions	. 15a			Taxable am	t	151		- 	
see page 19.			Pensions and annuities .	16a		h.	Tavahla am	•	161		·	
Englace had-		17	Rental real estate, royalties, p	artnershij	ps, S corporation	ns, trusts, etc	. Attach So	hedule E	17	' -		
Enclose, but do not attach, any		18	Tannincome of (loss). Attach	Schedule	θ F				18	 -		
payment. Also,		19	Unemployment compensatio	1 ' 1'					19	┼		—
please use Form 1040- V.			Social security benefits	20a		b 1	Taxable ami		20b	†		
1 01111 1040- V.	•	21	Other income. List type and a	mount (se	e page 24)				_ ////	+		
			NOL (1,921.)		·				21	1	(1,9	21 1
	_	22_	Add the amounts in the far rigi	nt column	for lines 7 throu	gh 21. This is	your total i	ncome	▶ 22		(2,80	5-1
Adjusted		23	Educator expenses (see page	26)			23		1///		(2,00	<u> </u>
Gross	2	4	Certain business expenses for	reservist	s, performing ar	tists, and				1		
Income		_	fee-basis government officials				24					
			IRA deduction (see page 26)				25			}		
	2	5 7	Student loan interest deductio	n (see pag	ge 28)		26					
	2	,	Tuition and fees deduction (se	e page 29)		27					
	2	D D	Health savings account deduc	tion. Attac	h Form 8889		28					
	29	•	Moving expenses. Attach Form	3903			29					
	3(, ,	one- nait of self- employment t	ax. Attach	Schedule SE		30					
	31	, ,	Self- employed health insurance	e deducti	ion (see page 30))	31					
•	32		Self-employed SEP, SIMPLE,	and qualif	ied plans		32					
	33	n f	Penalty on early withdrawal of s	avings			33					
	34	a A	ulmony paid b Recipient's SS	SN ▶			34a					
	JJ	, ,	idd iines 23 through 34a						35			
	36		ubtract line 35 from line 22. Th	is is vour a	diucted areas	incom-	<u> </u>		36		(2,80)	<u> </u>
DISCIOSU	ıre	, Pr	vacy Act, and Paperwork Re	duction A	ct Notice, see	page 75,			1		orm 1040 (20	

Form 1040 (2004)

•	Form 1040 (20	004) DAVID J & SHABIDA CATANZARO		
	Tax and	37 Amount from line 36 (adjusted gross income)		Page
	Credits	38a Check Volumers have have	. 37	(2,802
••		if' Chausa was been to the control of the contr		
	Standard	b If your spouse itemizes on a separate return or you were a dual- status alien, see pg 31 & check here ▶ 38b		
j	Deduction for -	38b	J /////	
- 1	People who	39 Itemized deductions (from Schedule A) or your standard deduction (see left margin)		1
{	checked any	40 Subtract line 39 from line 37	. 39	9,700
- 1	box on line	41 If line 37 is \$107 025 or less multiply \$2 400 by	. 40	(12,502
	38a or 38b or who can be			
	claimed as a	42 Taxable income. Subtract line 41 from line 40 Miles 44	. 41	6,200
- 1	dependent,	42 Taxable Income. Subtract line 41 from line 40. If line 41 is more than line 40, enter - 0-	. 42	0
1:	see page 31.	43 Tax. Check if any tax is from: a Form(s) 8814 b Form 4972 44 Alternative minimum tax (see page 35). Attach Form 6251	. 43	0
İ	• All others:		. 44	
i i	Single or		45	0.
1 1	Married filing separately,	Ag		
	\$4.850	1 A7 1		
!	Married filing	48 Credit for the elderly or the disabled. Attach Schedule R 48 49 Education credits. Attach Form 8863		
1 (ointly or Qualifying			
	vidow (er), 9,700	The straining contained along credit. Attach Form 888()		
	fead of	The second (coopage 57)		
	7,150	52 Adoption credit. Attach Form 8839		
		53 Credits from: a Form 8396 b Form 8859 53		
		54 Other credits. Check applicable box(es): a Form 3800		
		b Form 8801 c Specify54		•
		55 Add lines 46 through 54. These are your total credits	55	
		Subtract line 55 from line 45. If line 55 is more than line 45, enter - 0-	56	
Ot	her	Som Simple yment tax. Attach Schedule SE	57	0.
Ta	xes	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58	
		Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
		Advance earned income credit payments from Form(s) W- 2	60	
		61 Household employment taxes. Attach Schedule H	61	
		62 Add lines 56 through 61. This is your total tax	62	^
Pay	yments	63 Federal income tax withheld from Forms W- 2 and 1099 63	7777	0.
[fy	you have a	64 2004 estimated tax payments & amount applied from 2003 return 64		
1 .	alifying F	65a Earned Income credit (EIC) NO 65a		
	ild, attach chedule EIC.	b Nontaxable combat pay election ▶ 65b		
	medule ElC.	66 Excess social security and tier 1 RRTA tax withheld (see page 54)		
		67 Additional child tax credit. Attach Form 8812		
		68 Amount paid with request for extension to file (see page 54)		
		69 Other payments from: a Form 2439 b Form 4136 C Form 8885 69		
		70 Add Ins 63, 64, 65a, & 66 through 69. These are your total payments		
Refu	und	71 If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid	70	0.
	t deposit?	/2d Amount of line /1 you want refunded to you	71	<u> </u>
See p	rage 54 ►	b Routing number XXXXXXXXX	72a	·
and fil	ll in 72b, 🕒	d Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
/2c, a	nd 72d.	73 Amount of line 71 you want applied to your sees.	/// <i>)</i>	
Amo	unt	74 Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55 ▶		•
You	Owe		74	
Thire	Party Do	O you want to allow another person to discuss this art was it is a few and the person to discuss this art was it is a few and the person to discuss this art was it is a few and the person to discuss this art was it is a few and the person to discuss this art was it is a few and the person to discuss this art was it is a few and the person to discuss this art was it is a few and the person to discuss this art was it is a few and the person to discuss this art was it is a few and the person to discuss this art was it is a few and the person to discuss this art was it is a few and the person to discuss this art was it is a few and the person to discuss this art was it is a few and the person to discuss the person to dis		
	gnee De	esignee's name	the follow	ring. No
	•	HR BLOCK	Pers	sonal ID number
Sign	Und	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the be lief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which provides the provided of the prov	1 (PIN	0 ▶ 36939
Here	\	Your signature Your structure of preparer (other than tax payer) is based on all information of which pre-	est of my kn	owledge and
Joint re	aurn?	Tour occupation D	aytime ph	one number
See pa	ge 17. copy for	Spouse's signature Maister A.		
your re	cords.	- I - Found o decapation	///////	
		parer's HOMEMAKER		
Paid	signs	lature P (Check if Pre	parer's S	SN or PTIN
Prepa		1/s name (or 4/15/2005 self-employed)	0049	
Use C	וחכ yours	EIN 23-	22231	
	audre	ress, and ZIP code CARBONDALE, PA 18407 Phone no. (5701	282-3311

SCHEDULE C (Form 1040)

Department of the Treasury internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

▶ Partnerships, joint ventures, etc., must file Form 1065 or 1065- B. ► Attach to Form 1040 or 1041.

► See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074 Attachment Sequence No. 09

Name of proprietor Social security number (SSN) DAVID J CATANZARO Principal business or profession, including product or service (see page C- 2 of the instructions) B Enter code from pages C-7, 8, & 9 EVANGELIST : SERVICE ▶ 711510 Business name. If no separate business name, leave blank. D Employer ID number (EIN), if any DAVE CATANZARO ONE VOICE MINISTRIES Business address (including suite or room no.) ▶ 286 UPPER POWDERLY ST City, town or post office, state, and ZIP code CARBONDALE, PA 18407 Accounting method: (1) X Cash (2) | Accrual (3) | Other (specify) Did you "materially participate" in the operation of this business during 2004? If "No," see page C-3 for limit on losses If you started or acquired this business during 2004, check here Part I Income Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-3 and check here 9,911. Returns and allowances 2 Subtract line 2 from line 1 3 3 9,911. Cost of goods sold (from line 42 on page 2) 4 Gross profit. Subtract line 4 from line 3 Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3) 5 9,911. 6 Gross income. Add lines 5 and 6 Part II Expenses. Enter expenses for business use of your home only on line 30. 9,911. Advertising 8 8 4,117. 19 Pension and profit-sharing plans 19 9 Car and truck expenses (see 20 Rent or lease (see page C-5): page C- 3) 9 3,299 Vehicles, machinery, and equipment 20a 10 Commissions and fees 10 193. b Other business property 20b Contract labor (see page C-4) 11 11 21 Repairs and maintenance . 21 12 Depletion 12 22 Supplies (not included in Part III) 22 Depreciation and section 179 454. 13 23 Taxes and licenses . . . 23 expense deduction (not 24 Travel, meals, and entertainment: included in Part III) (see Trave! 24a page C-4) 13 Meals and Employee benefit programs entertainment 1,700 (other than on line 19) 14 c Enternondeduct-15 Insurance (other than health) 15 ible amount in-16 interest: cluded on line 24b а Mortgage (paid to banks, etc.) 16a (see page C-5) b Other 16b Subtract line 24c from line 24b. 24d 17 850. Legal and professional 25 25 services 17 100. 26 Wages (less employment credits) 26 27 Other expenses (from line 48 on 18 Office expense page 2) 27 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns 28 1,779. 28 10,792 29 Tentative profit (loss). Subtract line 28 from line 7 29 Expenses for business use of your home. Attach Form 8829 (881.) 30 31 Net profit or (loss). Subtract line 30 from line 29. • if a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. 31 (881.) If a loss, you must go to line 32. 32 If you have a loss, check the box that describes your investment in this activity (see page C-6). If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. 32a X All investment is at risk. 32b Some investment is not If you checked 32b, you must attach Form 6198. at risk. KBA For Paperwork Reduction Act Notice, see Form 1040 instructions. Schedule C (Form 1040) 2004

PA - 40 - 2004 Pennsylvania Income Tax Return ENTER ONE LETTER OR NUMBER IN EACH BOX. Do Not Use Your Preprinted Label

			•			
UN	IABLE			N	Extension.	
CATANZARO				N	Amended Return.	
DAVID	J	Occupation	MUSICIAN	R	Residency Status.	A Vaar DaaidanA
SHABIDA	(Occupation	HOMEMAKER		PA Resident/Nonresident/Par from []]/[]4 to	
CATANZARO				J	Single/Married, Filing Jointly/	
286 UPPER POWDER	LY ST				Filing Separately/ Final Return Date of Death	/Deceased
•				N	Farmers.	
CARBONDALE	I	PA 1.8	3407			
570 282 4889		35		·		
1a Gross Compensation. Do n qualifying retirement benef			uch as combat zone pay and		la	o .
1b Unreimbursed Employee B 1c Net Compensation. Subtra	*	•			lb lc	0
 Interest Income. Complete Dividend and Capital Gains Net Income or Loss from the 	Distribution Inc	ome. Comple	ete PA Schedule B if required	d.	2 3 4	0 0 -1731
5 Net Gain or Loss from the S 6 Net Income or Loss from Re 7 Estate or Trust Income. Cor 8 Gambling and Lottery Winn 9 Total PA Taxable Income. 2, 3, 4, 5, 6, 7, and 8. DO NO	ints, Royalties, F nplete and subr ings. Add only the po	Patents, or Co nit PA Sched ositive income	opyrights. Iule J. e amounts from Lines 1c,		5 6 7 8 9	0
 Medical Savings Account. your Federal Income Tax re Adjusted PA Taxable Income 	turn. Do not dec	duct medical	expenses or insurance.		11	0
		آ	=]	L		

Page 1 of 2

FC

0400118162

04007797P5

EC

Name(s) DAVID & SHABIDA CATANZARO

12	PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).	75	0
13	Total PA Tax Withheld. See the instructions.	13	Ö
**		**	J
	•		•
14	Credit from your 2003 PA Income Tax return.	14	0
15	2004 Estimated Installment Payments.	15	0
16	2004 Extension Payment.	16	0
17	Nonresident Tax Withheld from your PA Schedule(s) NRK- 1. (Nonresidents only)	17	0
18	Total Estimated Payments and Credits. Add Lines 14, 15, 16, and 17.	18	0
Tax	Forgiveness Credit.		
19a	Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased	19a 00	
19b	Dependents, Part B, Line 2, PA Schedule SP	19b 00	
20	Total Eligibility Income from Part C, Line 11, PA Schedule SP.	20	0
21	Tax Forgiveness Credit from Part D, Line 16, PA Schedule SP.	57	0
22	Resident Credit. Submit your PA Schedule(s) G and/or RK-1.	22	0
23	Total Other Credits. Submit your PA Schedule OC.	23	Ō
24	TOTAL PAYMENTS and CREDITS. Add Lines 13 and 18, 21, 22, and 23.	24	0
25	TAX DUE. If Line 12 is more than Line 24, enter the difference here.	25	. 0
26	Penalties and Interest. See the instructions.	5P	0
	If attaching form REV- 1630, mark the box.		
27	TOTAL PAYMENT. Add Lines 25 and 26.	27	0
28	OVERPAYMENT. If Line 24 is more than the total of Line 12 and Line 26, enter	28	0
	the difference here.		
	The total of Lines 29 through 35 must equal Line 28.		
	Refund - Amount of Line 28 you want as a check mailed to you. Refund	29	0
	Credit - Amount of Line 28 you want as a credit to your 2005 estimated account.	30	0
	Amount of Line 28 you want to donate to the Wild Resource Conservation Fund.	37	0
	Amount of Line 28 you want to donate to the United States Olympic Committee.	32	0
	Amount of Line 28 you want to donate to the Governor Robert P. Casey Memorial	33	0
	Organ and Tissue Donation Awareness Trust Fund.		
	Amount of Line 28 you want to donate to the Korea/Vietnam Memorial Inc.	34	0
	Amount of Line 28 you want to donate to the Breast and Cervical Cancer	35	0
	Research Fund.	(

Your Signature and all all all all all all all all all al	Date 9-15-05	Spouse's Sign	ature, if filing jointly		Date
Preparer or Company Name, other than taxpayer(s), be	ased on all informatio	n of which the pr	eparer has any knov Date	vledge. (Please Print) Preparer telephön	
H AND R BLOCK			04/15/05	(570) 282	2 <u>-3311</u>

Page 2 of 2

0400518160

0400218160

PA Schedule C

Profit or Loss From
Business or Profession
(SOLE PROPRIETORSHIP)
PA-40 C (09-04)
PA DEPARTMENT OF REVENUE
2004

2004 Attach to form PA- 40, PA- 20S/PA- 65, or PA

OFFICIAL USE ONLY

Attach to the table of t	40, FA- 203/FA- 63, 01 FA- 41		OFFICIAL US	FONL		
Name of owner as shown on PA tax return	Owner's					
DAVID J CATANZARO	Social Security Number					
A. Main business activity ► EVANGELIST	; product or service ► SER					
B. Business Name ► DAVE CATANZARO ONE VOICE MINI	· · · · · · · · · · · · · · · · · · ·	yer identific	cation Number			
D. Business address (number and street) 286 UPPER POWDERLY	ST			\sim		
City, State, and ZIPCode ► CARBONDALE, PA 18407	<u></u>			<u>C</u>		
E. Method (s) used to value closing inventory, check the appropriate box:	Sales Ta	(License N	lumber (if applicable)			
(1) X Cost (2) Lower of cost or market						
(3) Other (if other, attach explanation)						
F. Accounting method, check the appropriate box: (1) X Cash (2) A	normal (2) Thereforesity		TV	T		
G. Was there any change in determining quantities, costs, or valuations between o	<u> </u>	~~~~~~	Yes	No		
If "Yes," attach explanation.	beining and closing inventory?	• • • • • • • •		X		
H. Did you deduct expenses for an office in your home?			v			
CAST PROPER			X	<u> </u>		
		lo o		#		
Gross receipts or sales B. Returns and allowances		000				
c. Balance (subtract Line 1b from Line 1a)			9,91	100		
Cost of goods sold and/or operations (Schedule C- 1, Line 8)		2.		000		
3. Gross profit (subtract Line 2 from Line 1c)		3.	9,91			
3. Gross profit (subtract Line 2 from Line 1c) 4. Other Income (attach schedule) Include interest from accounts receivable, business checking and other business accounts. Also include sales of operational assets. See Instructions Bool	accounts,	4.		000		
5. Total income (add Lines 3 and 4)	let	·· ▶ 5.	9,91	_		
PART II Deductions		<u> </u>	3,31	100		
6. Advertising 4, 1170	29. Travel and entertainment		1,70			
7. Amortization	30. Utilities		1,70	900		
8. Bad debts from sales or services	31. Wages			+		
9. Bank charges	32. Other expenses (specify):			╁		
10. Car and truck expenses 3, 2990		CE P	39	000		
11. Commissions 1930				700		
12. Cost depletion but not percentage depletion	c. RECORDING C	OSTS		700		
13. a. Regular depreciation	d. INTERNET WE			500		
13. b. Section 179 expense	ө.			-		
14. Dues and publications	f			_		
15. Employee benefit programs other than on Line 22	g.			+-		
16. Freight (not included on Schedule C- 1)	h	ſ		1-		
17. Insurance	l	í		1—		
18. Interest on business indebtedness	j		···	 		
19. Laundry and cleaning	k			\top		
20. Legal and professional services) I	j.		_		
21. Office supplies	m	<u>-</u>		\top		
22. Pension and profit- sharing plans for employees	n.			\top		
23. Postage	0.			 		
24. Rent on business property	32. Total other expenses		1,779	300		
25. Repairs	33. Total Expenses, (add Lines 6 th	ough 32.)	11,642			
26. Supplies (not included on Schedule C-1)	34. Reduce expenses by the total b			\top		
27. Taxes	credits claimed (for example, En Incentive Payments Credit) on y			000		
28. Telephone						
35. Total Adjusted Expenses deductions Subtract Line 34 from Line 33		▶ 35.	11,642	200		
f		ss				
36. Net profit or loss (subtract Line 35 from Line 5). If a net loss, check the box. Enter t	e result on your PA tax return	X 36.	-1,731	00		

PA Schedule C PA-40 C (09-04) PA DEPARTMENT OF REVENUE

Name of owner as shown on PA tax return.

0403220049

OFFICIAL USE ONLY

Name of owner as shown on PA t						Soci	al Sec	urity Num	nber	
DAVID J CATANZARO			*******						2.04011	
SCHEDULE C- 1- Cast of	***************************************	***************************************	********							
1. Inventory at beginning of year	(if different from last y	ear's closing inven	tory,	attach explanation)	<u></u>		<u>.</u>	1.		000
2. a. Purchases		 .		2a.						
 b. Cost of items withdrawn for 	or personal use			2b.						
c. Balance (subtract Line 2b	from Line 2a)							2c.		
3. Cost of labor (do not include sa	lary paid to yourself)							3.		
4. Materials and supplies								4.		+
5. Other costs (attach schedule)								5.	······································	\top
6. Add Lines 1, 2c, 3, 4, and 5								6.		
7. Inventory at end of year				• • • • • • • • • • • • • • • • • • • •				7.		+
8. Cost of goods sold and/or open	rations (subtract Line	7 from Line 6) Ente	rhe	re and on Part 1 Lin	 . 2			8.		000
SCHEDULE C-2- Depreci		THOM ENGLY ETTE	· · · · ·	roand offr are 1, and	<u> </u>	· · · · · · · · · · · · · · · · · · ·		1 0. 1		
PA PIT law does not permit the bond		ons added to the ir	nterr	nal Revenue Code in	200	2 and 2003 I	PA PIT	law limits	IRC section 179 cu	urrent
expensing to the expensing allowed	d at the time you place	ed the asset into se	rvice	or the expensing in	effe	ct under the l	RC of	1986 For	reach asset you m	uet
also report straight-line depreciatio	n, unless not using ar	n optional accelera	ted o	depreciation method	oY .t	u need the a	nount	of straigh	nt-line depreciation	ı if you
need to take advantage of Pennsylv Description of property	Date acquired	Cost or	e as	Depreciation allow				it Rule. Life	Dennaisticati	
boson prior or property	Date acquired	otherbasis		allowable in prior y				or rate	Depreciation f this year	or
(a)	(b)	(c)		(d)		depreciation				
				(u)		(e)	Ш.,	(f)	(g)	
Total additional first- year depre	ciation (do not includ	e in items below) -	lassasa	t	sa k sassa		00.00 : 00.000			
Buildings					1					
Furniture and fixtures						ļ	_ _			
Transportation equipment										
Machinery & other equipment										
Other (specify)										
										\top
					T					\top
										
					1		1			+
			\neg		 					+-
3. Totals			\neg		1	L		3		
4. Any depreciation included in Sci	hedule C- 1					• • • • • • • •	·	4	 	+
5. Balance (subtract Line 4 from Lir	ne 3) Enter here and	on Part II Line 13	• • •				\vdash	5	 	+-
SCHEDULE C. 3- Expense		000000000000000000000000000000000000000	*****	****************************		· · · · · · · · · · · · · · · · · · ·				
If you incur any of these expenses, e		o over one dec	orib.	o in an itemized stat		م ماد دادا مطعه	f 4 -			****
purpose. Only include in Part II those	expenses that are o	rdinary, necessary.	dire	ectiv- related, and in	curre	d in operatin	a the b	usiness	You may never de	duct
any personal expenses.	•	,,		,		• F	J		rounia, novor do	
				T						
A Franciscont desilie (best see				1 10	otal		 		Business	
A. Entertainment facility (boat, reso	π, rancn, etc.)					<u>†</u>				
				\$			\$			
Living accommodations (except	employees on busine	ess)								
				\$			\$			
	arabai-familla	ie.		I		1	1	<u>-</u>		
 Vacations for yourself, your empl 	oyees, or meir ramille	·5.		1.		l l	ľ			Į.
C. Vacations for yourself, your empl	oyees, or their familie			\$			\$			1

		ent of the Treasury - Internal Revenue Service Individual Income Tax Return	2005	IRS Use Only - Do	not weit	a or etc	ole in this seaso		
Label	Forthe	year Jan. 1- Dec. 31, 2005, or other tax year beginning	, 2005, ending	. 20			lo. 1545- 0074		
	DAV	ID J CATANZARO		,	Your social security number				
Use the IRS label.		BIDA CATANZARO				بالباد			
Otherwise,		UPPER POWDERLY STREET		!	Spous	e's so	cial security nu	ımber	
please print	CAF	BONDALE, PA 18407		_	1		LIED		
or type.]_	<u> </u>		MUST enter SSN(s) above.	A	
Presidential [Chi	icking a Lange y	box below will no our tax or refund.	it	
Election Camp	aign i	Check here if you, or your spouse if filing jointly, want				You	Spous		
Filing Statu	s 1	Single	4 Head of	household (with qu	alifying	perso	n). (See page 1	17.)	
- · · · · · · · · · · · ·		Married filing jointly (even if only one had income)		lifying person is a child	but no	your d	ependent, enter th	nis	
Check only one box.	3	Married filing separately. Enter spouse's SSN above & full na		me here. 🕨	_				
	6-	X Yourself. If someone can claim you as a depende		g widow(er) with de	epende	<u>int chil</u>	id (see page 17) Boxes checked		
Exemptions	6a b	=	nt, do not check box 6a			. }	on 6a and 6b		
•		Spouse Dependents:	(a) Dan and and a	(3) Dependent's	(4)		No. of children on 6c who:		
	G	(1) First name Last name	(2) Dependent's social security number	relationship to	ct	illa for	al. elived with you		
		(I) I listricante Lastriaine	30Clarseculty Hulliber	you	chi	d tax cr	<u>r.</u> ●did not live wi due to divorce	th you	
If more than fou	r					 	_ or separation		
dependents,			-			┢╌╁┈	_ Dependents . on 6c not		
see page 19.					\dashv	$\vdash \vdash$	entered above	$\overline{}$	
•		Total number of exemptions claimed	<u>.</u>	·····			Add numbers on lines		
	7	Wages, salaries, tips, etc. Attach Form(s) W- 2	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	7//	<i>7</i>	above P		
Income			***************************************		- 11/1	71			
	8a	Taxable interest. Attach Schedule B if required			8				
Attach Form(s)	·	Tax- exempt interest. Do not include on line 8a	86		· 7				
W-2 here. Also		Ordinary dividends. Attach Schedule Bif required	• • • • • •		9	<u> </u>			
attach Forms W- 2G and	ь		96						
1099- R If tax	10	Taxable refunds, credits, or offsets of state and local in	· · · · · —	3)	110	$\tilde{\mathbf{J}}$			
was withheld.	11	Alimony received			1				
	12	Business income or (loss). Attach Schedule C or C- E2			12		3:	22.	
	13	Capital gain/(loss). Attach Sch D. If not required check he	ore .		1:			==-	
	14	Other gains or (losses). Attach Form 4797			14	, _			
f you did not get a W- 2,	15a	IRA distributions 15a	b Taxable ami		15	ь —			
see page 22.	16a	Pensions and annuities 16a	b Taxable ami		16	5			
	17	Rental real estate, royalties, partnerships, S corporation	ns, trusts, etc. Attach Sc	hedule E	17	, <u> </u>			
Enclose, but do	18	Farm income or (loss). Attach Schedule F			. 18	,			
not attach, any payment. Also,	19	Unemployment compensation			. 19	,			
olease use	20a	Social security benefits 20a	b Taxable amt		. 20	5			
Form 1040- V.	21	Other income. List type and amount (see page 29)			. 7//	7			
					21				
<u></u> .	22	Add the amounts in the far right column for lines 7 throu	igh 21. This is your total i	ncome	▶ 22		32	22.	
Adjusted	23		23		-///	a			
aross	24	Certain business expenses of reservists, performing ar	t t			A			
ncome		fee- basis government officials. Attach Form 2106 or 21	· · · 		_{///	a		•	
	25	Health savings account deduction. Attach Form 8889				4			
	26	Moving expenses. Attach Form 3903	· · · · · · · · · · · · · · · · · · ·		-///	<i>a</i>			
	27	One- half of self- employment tax. Attach Schedule SE			-\///	3			
-	28	Self-employed SEP, SIMPLE, and qualified plans	28		-///	3			
	29 20	Self- employed health insurance deduction (see page :		·	- 1///	1			
	30 31a	Penalty on early withdrawal of savings			-\///	3			
		Alimony paid b Recipient's SSN ▶			-\///	4			
	32 33	IRA deduction (see page 31)			-////	1			
	34	Student loan interest deduction (see page 33) Tuition and fees deduction (see page 34)	33		-////	3			
	35	Tuition and fees deduction (see page 34) Domestic production activities deduction. Attach Form			-////	1			
	36	Add 6 00 th t 04 1 00 th t 05			////	4-			
		Subtract line 36 from line 22. This is your adjusted gros			36	+		-	
	٠,	actimo do nom into 22. This is your aujusted gros	- III COIIIC		37	1	32	4.	

Form 1040 (20	05) <u>I</u>	AVID J & SHABIDA CATANZARO		Page 2
Tax and	38	Amount from line 37 (adjusted gross income)	38	322.
Credits	39	a Check You were born before January 2, 1941, Blind. Total boxes		
Orcuits	_	if: Spouse was born before January 2, 1941, Blind. checked ▶ 39a		
Standard)	of the spouse itemizes on a separate return or you were a dual-status alien, see pg 35 & check here		
Deduction	1	, , , , , , , , , , , , , , , , , , , ,		
for-	L 40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	10,000.
People who	· ۔ (41	
checked any box on line	41			(9,678.)
39a or 39b or	42	· · · · · · · · · · · · · · · · · · ·		
who can be		see page 37. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d	42	3,200.
claimed as a	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter - 0-	43	0.
dependent,	44	Tax. Check if any tax is from: a Form(s) 8814 b Form 4972	44	0.
see page 36.	45	Alternative minimum tax (see page 39). Attach Form 6251	45	
• All others:	46	Add lines 44 and 45	46	0.
Single or	47	Foreign tax credit. Attach Form 1116 if required		
Married filing	48	Credit for child and dependent care expenses. Attach Form 2441 48	<i>-{///</i> }	
separately, \$5,000	ľ		<i>-{///</i> }	
Married filing	49		-{////	
jointly or	50	Education credits. Attach Form 8863		
Qualifying widow(er),	51	Retirement savings contributions credit. Attach Form 8880		
\$10,000	52	Child tax credit (see page 41). Attach Form 8901 if required 52		
Head of household,	53	Adoption credit. Attach Form 8839 53		
\$7,300	54	Credits from: a Form 8396 b Form 8859 54		
	, 55	Other credits. Check applicable box(es): a Form 3800	1///	
		b Form 8801 c Form 55		
	56		1////	
	56	Add lines 47 through 55. These are your total credits	56	
	57	Subtract line 56 from line 46. If line 56 is more than line 46, enter - 0-	57	0.
Other	58	Self- employment tax. Attach Schedule SE	58	
Taxes	5,9	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
	61	Advance earned income credit payments from Form(s) W-2	61	
	62	Household employment taxes. Attach Schedule H	62	
				· <u>-</u>
	63	Add lines 57 through 62. This is your total tax	63	0.
Daymanta	64	Federal income tax withheld from Forms W-2 and 1099 64	11111	<u></u>
Payments	¬ 65		<i>\(\(\(\) \\ \</i>	
If you have a		<u> </u>	<i>\(\(\(\) \)</i>	
qualifying		Earned income credit (EIC)	<i>\(((((((((((((((((((</i>	•
child, attach Schedule EIC		Nontaxable combat pay election ▶ 66b		
Scriedule EIC	67 ك	Excess social security and tier 1 RRTA tax withheld (see page 59)		
	68	Additional child tax credit, Attach Form 8812		
	69	Amount paid with request for extension to file (see page 59) 69		
	70	Payments from: a Form 2439 b Form 4136 C Form 8885 70		
	71	Add Ins 64, 65, 66a, & 67 through 70. These are your total payments	71	0.
	72	If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid	72	0.
Refund		Amount of line 72 you want refunded to you		<u> </u>
Direct deposit?	, , ,		73a	
See page 59	▶ □	Routing number XXXXXXXX ▶ c Type: Streetings Servings		
and fill in 73b, 73c, and 73d.	▶ d	Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	74	Amount of line 72 you want applied to your 2006 estimated tax ▶ 74		
Amount	75	Amount you owe. Subtract line 71 from line 63. For details on how to pay, see page 60	75	· .
You Owe	76	Estimated tax penalty (see page 60) 76		
Third Dark	Do yo	want to allow another person to discuss this return with the IRS (see page 61)? X Yes. Comple	ete the following.	No
Third Party	•	nee's name Phone no.	-	Dnumber
Designee	•	BLOCK ► (570) 282-33		
Sign		enalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the hey are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	best of my knowled	ge and
			l = .	
nere		r signature Date Your occupation	Daytime phone no	ımber
	, ,			
Here Joint return? See page 17.	_	MUSICIAN		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Joint return? See page 17. Keep a copy for	_	ouse's signature. If a joint return, both must sign. Date Spouse's occupation		
Joint return?	_			
Joint return? See page 17. Keep a copy for your records.	Spo	ouse's signature. If a joint return, both must sign. Date Spouse's occupation HOMEMAKER Date Check if	Preparer's SSN or	PTIN
Joint return? See page 17. Keep a copy for your records.	Spe	ouse's signature. If a joint return, both must sign. Date Spouse's occupation HOMEMAKER Check if	•	
Joint return? See page 17. Keep a copy for your records. Paid Preparer's	Spe Prepare signatu	Date Spouse's occupation HOMEMAKER Date Spouse's occupation HOMEMAKER Date 3/31/2006 self-employed ame (or A H AND P. BLOCK	P0009726	
Joint return? See page 17. Keep a copy for your records. Paid Preparer's Use Only	Spensor Spenso	Date Spouse's occupation HOMEMAKER T's Date Spouse's occupation HOMEMAKER Date Check if 3/31/2006 self-employed self-employed EIN 2	P0009726 3-2223111	

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

▶ Partnerships, joint ventures, etc., must file Form 1065 or 1065- B.

OMB No. 1545-0074 2005 Attachment Sequence No. 09

	partment of the Treasury	.		• • •		c., must file Form 1065 or 1065- Instructions for Schedule C (F			Attachment	
	ernal Revenue Service (99)	Att	ach to F	orm 1040 or 1041.	See	instructions for Schedule C (F			Sequence No. 09	
	ame of proprietor AVID J CATAN 2	7 % P ()					Social sec	al security number (SSN)		
A			luding o	roduct or convice (coe no		2 of the instructions)	P. Enter o		m pages C- 8, 9 & 10	
^	EVANGELIST :			roductor service (see pa	aye C-			711!		
c	Business name. If no se			ne leave hlank					umber (EIN), if any	
•	DAVE CATANZA	•			ES		p.o,		amber (Ent); it diff	
E						WDERLY STREET				
	City, town or post office,	_		CARBONDAL		PA 18407				
F	Accounting method:	(1) X	Cash	(2) Accrual	(3)	Other (specify)				
G	Did you "materially partic	cipate" in the	operatio	on of this business during	g 2005'	If "No," see page C-3 for limit or	losses .		X Yes No	
H	If you started or acquired	this busine	ss during	g 2005, check here	<u> </u>	·				
F	Part I Income									
1	Gross receipts or sales.	Caution. If th	nis incom	ne was reported to you o	n Form	W-2 and the "Statutory				
			cked, se	e page C-3 and check h	ere .		. ▶ 📙	1	10,025.	
2	Returns and allowances								40.005	
3	Subtract line 2 from line								10,025.	
4	Cost of goods sold (from	ı iine 42 on p	age 2)					. 4	<u> </u>	
5	Gross profit. Subtract lin	ne 4 from line	. 3					5	10 025	
6	•		•			d (see page C-3)		6	10,025.	
•	Carol moomo, moracing	, odora, and	olulo gu			a (000 page 0 0)		· - •		
7	Gross income. Add lines	s 5 and 6		· · · · · · · · · · · · · · · · · · ·			. •	7	10,025.	
P	art II Expenses.	Enter exp	pense	s for business us	e of	your home only on line	30.		1	
8	Advertising		8	119.	18	Office expense		. 18	732.	
9	Car and truck expense	s (see			19	Pension and profit-sharing pla	ns	. 19		
	page C-3)		9	2,721.	20	Rent or lease (see page C-5):				
10	Commissions and fees	•	10		а	Vehicles, machinery, and equip	ment .	20a		
11	Contract labor (see pag	ge C- 4) .	11		b	Other business property				
12	•		12		21	Repairs and maintenance				
13	Depreciation and section		1 1		22	Supplies (not included in Part II		. 22	75.	
	expense deduction (no				23	Taxes and licenses		23		
	included in Part III) (see page C-4)		13		24	Travel, meals, and entertainme			303	
14.	page C- 4) Employee benefit prog		13		a b	Travel Deductible meals and		24a	393.	
••	(other than on line 19)		14			entertainment (see page C-5)		24b	1,433.	
15	Insurance (other than h		15		25	Utilities		25	1, 333.	
16	Interest:			•	26	Wages (less employment credi	s)	26		
а	Mortgage (paid to bank	(s, etc.)	16a	·	27	Other expenses (from line 48 or				
b	Other		16b			page 2)		27	4,130.	
17	Legal and professional									
	services		17	100.		·				
28	Total expenses before ex	xpenses for	busines	s use of home. Add lines	8 throu	igh 27 in columns	•	28	9,703.	
				_						
	Tentative profit (loss). Sut					• • • • • • • • • •		29	322.	
	Expenses for business us	-						30		
	Net profit or (loss). Subtress of a profit, enter on Form				10 2 /mi	etuton/employeee	ר			
	see page C-6). Estates an				1 E Z (5)	atutory employees,	ļ	31	322	
	• If a loss, you must go to		_, _, , ,	1011,111001			ſ	31	322.	
	If you have a loss, check the		escribe	s vour investment in this	activity	(see page C- 6)	٦			
	 If you checked 32a, enter 			•	•	, -] ,	32a	All investment is at risk.	
	(statutory employees, see							32b	Some investment is not	
	If you checked 32b, you						.] ,		at risk.	
	For Paperwork Reduc							Schoo	tule C (Form 1040) 2005	

	nedule C (Form 1040) 2005 DAVID J CATANZARO			Page
P	art III Cost of Goods Sold (see page C-6)			
33	Method(s) used to			
	value closing inventory: a X Cost b Lower of cost or market c Other (atta	ach e	kplanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If			
	"Yes," attach explanation		Yes	X N
			t	
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	5	
36	Durchages loss aget of items with drown for normal was			
30	Purchases less cost of items withdrawn for personal use	36	<u> </u>	-
37	Cost of labor. Do not include any amounts paid to yourself	27	.	
	osoto nason so not morato any amounto paid to yourson	3/		
38	Materials and supplies	38		
			<u> </u>	
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42		
	Information on Your Vehicle. Complete this part only if you are claiming car or tr	uck	expenses of	n
	line 9 and are not required to file Form 4562 for this business. See the instruction	ons	for line 13 o	n page
	C-4 to find out if you must file Form 4562.			
49	When did you please which is a mine for business of the control of			
43	When did you place your vehicle in service for business purposes? (month, day, year) ▶ 4/15/2002	- •		
44	Of the total number of miles you drove your vehicle during 2005, enter the number of miles you used your vehicle for:			
**	Orano to tall the formies you drove your vehicle during 2005, enter the number of miles you used your vehicle for:			
а	Business 6280 b Commuting (see inst) 0 c Oth	OF		3944
	C Out	-		3744
45	Do you (or your spouse) have another vehicle available for personal use?		Yes	X No
		•		AINO
46	Was your vehicle available for personal use during off- duty hours?		. X Yes	No
		•		
47a	Do you have evidence to support your deduction?		. X Yes	No
		•		_
	If "Yes," is the evidence written?		X Yes	No
Pai	Other Expenses. List below business expenses not included on lines 8-26 or line	30.		
			ĺ	
LOI	IG DISTANCE PHONE			184.
D (TO A CIT			
PU:	TAGE			<u>123.</u>
2 Fr (ORDING COSTS		_	
VE C	ORDING COSIS		3,	<u>524.</u>
ראז	ERNET WEBSITE			200
				<u> 299.</u>
				
	· · · · · · · · · · · · · · · · · · ·			
_		-		
				
48	Total other expenses. Enter here and on page 1, line 27	48	4,	130.

Schedule C (Form 1040) 2005

PA - 40 - 2005 Pennsylvania Income Tax Return ENTER ONE LETTER OR NUMBER IN EACH BOX. Do Not Use Your Preprinted Label

APPLI	ED		N	Extension.	
CATANZARO			N	Amended Return.	
DAVID	J Occupation Occupation	MUSICIAN HOMEMAKER	R	Residency Status. PA Resident/ Nonresid from 01/05	ent/Part-Year Resident to 12/05
CATANZARO 286 UPPER POWDERLY S	STREET		J	Single/Married, Filing Filing Separately/ Final Date of death	=
CARBONDALE 570 282 4889		3407 5460	N	Farmers.	
1a Gross Compensation. Do not include qualifying retirement benefits. See to	•	uch as combat zone pay an	d	la	0
1b Unreimbursed Employee Business1c Net Compensation. Subtract Line 1	•			lb lc	0
 Interest Income. Complete PA Scho Dividend and Capital Gains Distribu Net Income or Loss from the Operat 	rtion income. Comple	•	ed.	2 3 4	-1115 0 0
 Net Gain or Loss from the Sale, Excl Net Income or Loss from Rents, Roy Estate or Trust Income. Complete at Gambling and Lottery Winnings. Co Total PA Taxable Income. Add onl 2, 3, 4, 5, 6, 7, and 8. DO NOT ADD at 	valties, Patents, or Co and submit PA Sched complete and submit P y the positive income	pyrights. ule J. 'A Schedule T. amounts from Lines 1c,		5 6 7 8 9	0 0 0 0
 Medical Savings Account. CAUTIO your Federal Income Tax return. Do Adjusted PA Taxable Income. Sub 	not deduct medical e	expenses or insurance.		11 10	O
	EC				

PA - 40 - 2005 Social Security Number

Name(s) DAVID & SHABIDA CATANZARO

our S	ignature	Date	Spouse's Signature, if filin	g jointly		1
	Amount of Line 28 you want to donate to the Bre Research Fund.	ast and Cervical Ca	ncer	35.		0
	Amount of Line 28 you want to donate to the Juv Research Fund.	34		0		
	Organ and Tissue Donation Awareness Trust		•			Ü
	Amount of Line 28 you want to donate to the Go		_	33		ă
	Amount of Line 28 you want to donate to the MII			35		Ö
	Amount of Line 28 you want to donate to the Wil	•		37		Ö
	Credit - Amount of Line 28 you want as a credit	<u>-</u>		30		0
	Refund - Amount of Line 28 you want as a chec		Refund	29		o
	The total of Lines 29 through 35 must equal L	ine 28				
	OVERPAYMENT. If Line 24 is more than the total the difference here.	auoiline 12 and Line	∠o, enter	28	•;	0
	TOTAL PAYMENT. Add Lines 25 and 26.	plofling 19 and line	36 ontor	27		0
	If attaching form REV- 1630, mark the box.	,	N			_
26	Penalties and Interest. See the instructions.			56		ō
	TAX DUE. If Line 12 is more than Line 24, enter the			25		Ö
24	TOTAL PAYMENTS and CREDITS. Add Lines		d 23.	24		Ö
22 23	Resident Credit. Submit your PA Schedule(s) Total Other Credits. Submit your PA Schedule			23 22		0
21	Tax Forgiveness Credit from Part D, Line 16, F			51		Ö
20	Total Eligibility Income from Part C, Line 11, PA	Schedule SP.		50		0
19a 19b	Filing Status: 01 Unmarried or Separate Dependents, Part B, Line 2, PA Schedule SP.	d 02 Married	03 Deceased	19a 19b	00 00	
Tax	Forgiveness Credit.]		
18	Total Estimated Payments and Credits. Add		•	īå		Ö
17	Nonresident Tax Withheld from your PA Scheo	iule(s) NRK- 1. (Non	residents only)	17		0
16	2005 Extension Payment.			16		0
14 15	Credit from your 2004 PA Income Tax return. 2005 Estimated Installment Payments.			14 15		0
12 13	PA Tax Liability. Multiply Line 11 by 3.07 per Total PA Tax Withheld. See the instructions.	cent (0.0307).		73 75		0

Page 2 of 2

(570) 282-3311

0500219001

Preparer's Name and Telephone Number

H AND R BLOCK

0500219001

535553777

Preparer's SSN/PTIN/EIN

PA SCHEDULE SP 0501120018 **Special Tax Forgiveness** PA- 40 Schedule SP (09- 05) 2005 OFFICIAL USE ONLY Name of taxpayer claiming Tax Forgiveness (if filing a PA- 40 jointly, enter the name shown first) Social Security Number (shown first) DAVID J CATANZARO Spouse's Name (even if filing separately) Spouse's Social Security Number SHABIDA CATANZARO APPLIED Part A. Filling Status for Tax Forgiveness. Unmarried - use Column A to calculate your Eligibility Income. Fill in the Unmarried box on Line 19a of your PA-40. Check the box that describes your situation: Single, Unmarried/divorced on December 31, 2005 Single and claimed as a dependent on another person's PA Schedule SP. Enter the other person's: Name: Separated - use Column A to calculate your Eligibility Income. Check this box only if (a) you are separated pursuant to a written agreement or (b) you were married, but separated and lived apart for the last six months of the year. Fill in the Unmarried box on Line 19a of your PA-40. Married - Fill in the Married box on Line 19a of your PA- 40. Enter your spouse's name and SSN above. Check the box that describes your situation: Married and claiming Tax Forgiveness together with my spouse. Use Column A to calculate Eligibility Income. Married and filing separate PA tax returns. Certification. Check this box certifying that you and your spouse are submitting the same information on each PA Schedule SP. Use Columns Band C to calculate your Eligibility Income. Married with a spouse who is a dependent on another person's PA Schedule SP or federal income tax return. Use Columns B and C to calculate Eligibility Income. Enter the other person's: SSN: Name: Separated and lived apart from my spouse but for less than the last six months of the year. Use Columns B & C to calculate Eligibility Income. Enter your spouse's name and SSN above. Deceased - use Column A to calculate your Eligibility Income. Fill in the Deceased box on Line 19a of the PA- 40. You must annualize the decedent's income (see the instructions) and briefly describe your method: Part B. Dependent Children. Provide all the information for each dependent child. If more than four dependent children, submit additional sheets in this format. Dependent's Name Age Relationship Social Security No. Important: Only claim the child or children that you claimed as your dependent(s) on your 2005 Federal Income Tax return. 2. Number of dependent children. Enter on Line 19b of your PA-40 Part C. Eligibility income Married taxpayers filing jointly use Column A and Eligibility Income Table 2 Married taxpayers filing separately, and taxpayers separated but not for the last

and i	e filers, qualifying separated fil Eligibility Income Table 1.	ers, and if filing for a decedent use Column A	six months of t	hey	ear use Columns B and C,	and E	ligibility Income Table 2.	
	Column A		1 - (th - DA - 40 h - 1		Married	Filir	ng Separately	
	Unmarried or Married Filing Jointly	The Eligibility Income Tables are on page 34	1 01 the PA- 40 book	(let.	Column B Taxpayer		Column C Spouse	
1.	000	PA taxable income from Line 9 of your PA-40		1.				Γ
2.	000	Nontaxable interest, dividends, and gains		2.				
3.	000	Alimony		3.				_
4.	000	Insurance proceeds and inheritances		4.				
5.	000	Gifts, awards, and prizes		5.				
6.		Nonresident income - part- year residents and	d nonresidents	6.			·	
7.		Nontaxable military income - Do not include o		7.				_
8.		Gain excluded from the sale of a residence		8.				
9.	000	Nontaxable educational assistance		9.				
10.	000	Cash received for personal purposes from our	tside your home	10.				
11,	000	← Total Eligibility Income for Column A						_
	Total Eligibility Inc	ome for Columns Band C- add Lines 1 throug	h 10 for each spou	se a	nd enter the total →	11.		_
Part	D. Calculating your Tax F	orgiveness Credit						
12.	000	PA Tax Liability from your PA - 40, Line 12 (if ar	nended return, see	ins	tructions)	12.		
13.		Less Resident Credit from your PA - 40, Line 2				13.		_
14.	000	Net PA Tax Liability. Subtract Line 13 from Line	12			14.		_
15.		Percentage of Tax Forgiveness from the Eligib				15.		
\Box	1.00	dependents from Part B and your Total Eligib	ility Income from L	ine	11			
16.		Tax Forgiveness Credit. Multiply Line 14 by the	he decimal on Line	15.		16.		
	000	Enter on your PA- 40, Line 21.				Щ		

0501120018

PA Schedule C

Profit or Loss From
Business or Profession
(SOLE PROPRIETORSHIP)
PA-40 C (09-05)
PA DEPARTMENT OF RE

DEREVENUE 2005

PADEPARTMENT OF REVENUE ZU	Attach to form PA-4				OFFIC	IAL USE	ONLY
Name of owner as shown on PA tax return			vner's		<u> </u>		
DAVID J CATANZARO			curity Number 1				
A. Main business activity ▶ EVANGELIST			orservice ► SERVIC				
B. Business Name ► DAVE CATANZARO ON				dentific	cation Number		
D. Business address (number and street) 286 UPF		STREET	· 				_
City, State, and ZIP Code ► CARBONDALE, F			<u> </u>				<u>C</u> _
E. Method (s) used to value closing inventory, check the	appropriate box:		Sales Tax Lice	nse N	lumber (if applic	able)	
(1) X Cost (2) Lower of cost or market							
(3) Other (if other, attach explanation)					,		
F. Accounting method, check the appropriate box: (1	I) X Cash (2) Ac	crual (3)	Other (specify) ▶			Yes	No
G. Was there any change in determining quantities, costs	, or valuations between op	ening and	closing inventory?				X
If "Yes," attach explanation.							
H. Did you deduct expenses for an office in your home?			<u></u>				X
PART I Income							
1. a. Gross receipts or sales		1a.	10,02500	,			
b. Returns and allowances							
c. Balance (subtract Line 1b from Line 1a)				1c.	10	,025	500
2. Cost of goods sold and/or operations (Schedule C- 1,				2.			000
					10	,025	500
Gross profit (subtract Line 2 from Line 1c) Other Income (attach statement) include interest from accounts and other business accounts. Also include sales of operational	s receivable, business checking	accounts,		4.	*		000
5. Total income (add Lines 3 and 4) · · · · · · · · · · · · · · · · · ·		• • • • • • • • • • • • • • • • • • •		5.	10	,025	_
PART II Deductions							
6. Advertising	1 [-]	29. Trav	el and entertainment		3	,260	00
7. Amortization		-	ties			<u></u>	1
8. Bad debts from sales or services		7	jes	- 1			
9. Bank charges		-1 .	er expenses (specify):				†—
10. Car and truck expenses			LONG DISTANCE	P	· · ·	184	100
11. Commissions		4	POSTAGE			123	_
12. Cost depletion but not percentage depletion		-1	RECORDING COS	TC	3	,524	
13. a. Regular depreciation		7	INTERNET WEBS			299	+
13. b. Section 179 expense		e.	THIBRNET WEDD	**		499	100
14. Dues and publications		1 .					╁
15. Employee benefit programs other than on Line 22		- f.		}			┼─
16. Freight (not included on Schedule C- 1)		」 g. I h.		—			₩
•		┤ '":		 - }			\vdash
17. Insurance		 		}			
		} ,		}			├—
19. Laundry and cleaning	10000	k.		}			├—
20. Legal and professional services				}			├ ─
21. Office supplies	73200	1		}		<u></u>	├—
22. Pension and profit-sharing plans for employees		n.		}	·		
23. Postage		0.					
24. Rent on business property		32. Tota	lother expenses	· · · ·		,130	
25. Repairs			Expenses, (add Lines 6 through		11,	,137	00
26. Supplies (not included on Schedule C- 1)	7500		ce expenses by the total busine is claimed (for example, Employ			ا ـ	
27. Taxes			tive Payments Credit) on your P			0	00
28. Telephone		L					
 Total Adjusted Expenses deductions Subtract Line 34 ft 	rom Line 33 · · · · · · · ·	· · · · · · · · · · ·	·····	35.	11,	, 137	<u>00</u>
			Loss				
6. Net profit or loss (subtract Line 35 from Line 5). If a net lo	ss, check the box. Enter th	e result on	your PA tax return X	36.	<u>-1,</u>	112	<u>00</u>

PA Schedule C PA-40 C (09-05) PA DEPARTMENT OF REVENUE

Name of owner as shown on PA tax return.

0503220048

OFFICIAL USE ONLY

Social Security Number

DAVID J CATANZARO		***************************************	***************************************					
SCHEDULE C- 1- Cost of		***************************************						
1. Inventory at beginning of year	(if different from last ye	ear's closing inventory	, attach explanation	<u>)</u>	<u> </u>	1.		000
2. a. Purchases								
b. Cost of items withdrawn	or personal use		2b.					Ì
c. Balance (subtract Line 2t	from Line 2a)					2c.		
3. Cost of labor (do not include sa								\top
4. Materials and supplies	• • • • • • • • • • • • • • • • • • • •					4.		\top
5. Other costs (attach schedule)		· · · · · · · · · · · · · · · · · · ·				5. [
6. Add Lines 1, 2c, 3, 4, and 5								\top
7. Inventory at end of year							,	
8. Cost of goods sold and/or ope	rations (subtract Line	7 from Line 6) Enter he	re and on Part 1, Lin	102.		▶ 8.	A.T	000
SCHEDULE C-2- Deprec	ation							
PA PIT law does not permit the bon	us depreciation electi	ons added to the Inter	nal Revenue Code i	n 2002	and 2003. PA	PIT law limit	s IRC section 179 cu	rrent
expensing to the expensing allowe	d at the time you place	ed the asset into service	e or the expensing ir	n effec	t under the IR	C of 1986. Fo	r each asset, you mu	ıst
also report straight-line depreciation need to take advantage of Pennsyl)n, uniess not using ar vania's Tay Benefit Bu	1 optional accelerated	depreciation metho	d. You	I need the amo	ount of straig	nt-line depreciation	if you
Description of property	Date acquired	Cost or	Depreciation allow			Life	Depreciation fo	
		other basis	allowable in prior		computing	or rate	this year	•
(a)	(b)	(c)	(d)		depreciation (e)	(f)	(g)	•
Total additional first- year depre		<u> </u>			1 (3)			Т-
2. Other depreciation:	\$6606000000000000000000000000000000000	\$5000000000000000000000000000000000000	· •	**! ****	I	*		
Buildings								7
Furniture and fixtures			 '					┼
Transportation equipment				+		ļ	 	+
Machinery & other equipment				+		<u> </u>	 	┼
Other (specify)						<u> </u>		
Other (specify)		······································	· · · · · · · · · · · · · · · · · · ·	+		 		┿
								+
	 							┿
	· · · · · · · · · · · · · · · · · · ·							₩
	 						<u> </u>	
	-			-				—
2 Tatala	<u> </u>			لسبل				-
3. Totals		L				3		
4. Any depreciation included in Sc	nedule C- 1				·	4	·	—
5. Balance (subtract Line 4 from Li	ne 3). Enter here and	on Part II, Line 13	· · · · · · · · · · · · · · · · · ·		· · · · · · · >	5		

f you incur any of these expenses,	enter the amount of the	e expense and describ	e in an itemized sta	temen	t the kinds of c	osts incurred	l and the business	
ourpose. Only include in Part II thos any personal expenses.	e expenses that are or	rdinary, necessary, dire	ectly- related, and in	curre	d in operating	the business	. You may never ded	luct
			T	otal			Business	
A. Entertainment facility (boat, reso	ort, ranch, etc.)							T
			\$			\$		1
3. Living accommodations (except	temployees on busine	ess)						<u> </u>
·			\$			\$		
Vacations for yourself, your emp	loyees, or their familie	es.	1					\vdash
	• •	•	s '			\$		1

OFFICE Copy Signature Required



Client Name

DAVID J & SHABIDA CATANZARO

Client SSN

Peace of Mind® Extended Service Plan

The Peace of Mind® Extended Service Plan (the "Plan") offered by H&R Block ("Block") is available only at participating Block offices at the time your return is completed, but no later than October 31 of the year of the return due date. The Plan is separate from, and in addition to, Block's Standard Guarantee that pays penalty and interest resulting from an error in tax preparation.

The Plan is effective when paid for and signed by you and, cannot be transferred by you to others. Subject to the exceptions noted below, the Plan provides you with the following benefits with respect to the individual federal and any individual state or local returns prepared and paid for on the date of this agreement.

If your return is audited, Block will provide you with a qualified person (but not an attorney) to represent you before the tax authority should such tax authority question the accuracy of your return.

If you owe additional taxes as a result of an error in tax preparation and the error is discovered by you, your representative or a tax authority, during the period of 3 years from the filing deadlines for such returns, not including extensions, Block will pay you for such taxes up to a cumulative total of \$5,000 for all such returns. Such 3 year limitation applies to your federal and state returns, including returns for those states in which the open period to review returns is greater than 3 years. In some cases, the correction of a specific error will involve changes on multiple returns, including State or Local tax returns, which may result in an overpayment on one return and a balance due on another. In such cases, the overpayment and balance due will be netted in determining the amount Block will pay for additional taxes owed as a result of correction of the error. Block assumes no responsibility for payment of additional taxes to a tax authority. You are responsible for providing payment of additional taxes to the tax authority.

Before such payment, you must:

- (a) notify Block of any government notice regarding such taxes within 60 days from the date of such notice;
- (b) promptly provide Block with copies of such notices and other documents relating to or substantiating such additional taxes;
- (c) provide Block with reasonable notice of and allow Block to attend an audit with you or as your representative with Power of Attorney;
- (d) allow Block at its sole discretion and expense, to challenge the determination that additional taxes and penalties and interest are owed; and
- (e) provide Block with your receipt as proof of your purchase of the Plan.

You may be required to include such payment as income on your return in an amount that will be indicated on any Form 1099 you receive from Block. Block is not responsible for the payment of any taxes you may owe on such income.

The Plan applies only to filed and accepted original individual resident tax returns prepared by Block for the year of the return and for which the balance due has been paid. You represent to us that you have reviewed the items on your return and that items or issues on such returns have not been, or are not currently, under examination by tax authorities as of the date of purchase indicated on your receipt that specifies the total purchase price for the Plan and which is incorporated herein.

The Plan does not apply to:

- (a) amended returns; 1040-NR;
- (b) non-individual returns such as employment (including taxes assessed on Form 4137 for income other than allocated tips), corporate, state and local small business, occupation tax, partnership, trust, estate, and gift tax returns;
- (c) any returns used to file for tax credits or rebates such as property tax, homestead or renters credits that are not filed in conjunction with a federal, state or local return;
- (d) the calculation of estimated tax payment vouchers, additional taxes owed as a result of an erroneous refund of your estimated tax payments by the IRS or a State or Local taxing authority;
- (e) any return for which, as of the date of such purchase, you have knowledge of additional taxes owed;
- (f) any return for which you have received on or before the date of such purchase any notification from any tax authority of examination or audit;
- (g) returns for which errors have been identified by Block prior to an assessment of additional taxes by tax authorities and can be corrected by Block within 30 days from Block's preparation of the return;
- (h) any return relating to previous years;

Peace of Mind® Extended Service Plan

- (i) additional taxes, penalties and interest that are assessed as the result of (i) incorrect, incomplete, false or misleading information that you have given to Block in connection with its preparation of a return; Note: Peace of Mind does not cover additional taxes resulting from income omitted on a substitute W-2. (ii) the government's inability to obtain from you sufficient records to support deductions, credits and other items on your return; (iii) your failure to timely pay the taxes as shown to be due on your return; and (iv) additional taxes assessed as the result of your desire to take a position on your return that challenges current IRS or judicial tax law guidelines or interpretation. In the event you receive a refund of any assessment that Block has paid you under the Plan, you must reimburse Block for the amount of such refund; and
- (j) assessments of additional taxes that occur after 3 years from the filing deadline for the return, not including extensions.

Arbitration

By signing below, you agree that any and all claims, disputes or controversies between you and Block (as defined below) arising out of or relating to this Plan (including, but not limited to, this document, any advertisements, promotions, or oral or written statements relating to the Plan, or the validity, enforceability or scope of this arbitration provision, including, but not limited to the issue whether any particular claim or dispute must be submitted to arbitration), whether in contract, tort or otherwise (collectively, the Claim), shall be resolved, upon the election of you or Block, by binding arbitration administered by either the American Arbitration Association (AAA) or the National Arbitration Forum (NAF) in accordance with the rules of such administrator at the time the demand is filed. The AAA rules may be accessed at www.adr.org. or by writing to AAA at 335 Madison Avenue, New York, NY 10017. The NAF rules may be accessed at www.arbforum.com or by writing to NAF, P. O. Box 50191, Minneapolis, MN 55405. In the event that a rule conflicts with this arbitration provision, this arbitration provision will govern. You have the right to select one of these arbitration administrators. Block agrees not to invoke its right to arbitrate an individual Claim you bring in small claims court or an equivalent court, so long as the Claim is pending only in that court. This arbitration provision will not apply to any claims relating to the Plan the subject matter of which is currently being asserted in any certified class action lawsuit pending against Block as of December 1, 2004. As used in this arbitration provision, the term Block shall mean H&R Block Tax Services, Inc., its parents, wholly or majority-owned employees.

A neutral arbitrator shall be appointed as provided in the rules and must be a practicing attorney with more than ten years experience in tax law. The arbitration will take place in the federal judicial district in which you live. The arbitrator may award all remedies permitted by applicable substantive law, including, but not limited to, compensatory, statutory, and punitive damages, injunctive and other equitable relief and attorneys' fees and costs. No class actions or private attorney general actions in court or in arbitration, or joinder or consolidation of claims with other persons in court or in arbitration, are permitted without the written consent of the parties hereto.

You will pay the first \$50 of the filing fee. At your request, Block will pay the remainder of the filing fee and any administrative or hearing fees charged by the arbitration administrator, up to a maximum of \$1500. If you are required to pay additional fees to the administrator, Block will consider in good faith a request by you to pay all or part of the additional fees; provided, however, that Block shall not be obligated to pay any additional fees unless the arbitrator grants you an award. If the arbitrator issues an award in Block's favor, you will not be required to reimburse Block for any fees Block has previously paid to the administrator. Except as may be required by law, neither a party nor the arbitrator may disclose the existence, content or results of any arbitration hereunder without the prior written consent of the parties.

The parties acknowledge that this Plan evidences a transaction involving or affecting interstate commerce, and this arbitration provision is governed only by the Federal Arbitration Act (FAA), Title 9 of the United States Code. The arbitrator shall apply substantive law consistent with the FAA, and not any state law concerning arbitration. The arbitrator's award shall be final and not subject to appeal, except as permitted by the FAA. If any portion of this arbitration provision is deemed invalid or unenforceable, it will not invalidate the remaining portions of this arbitration provision. This arbitration provision shall only apply to this Plan and will not apply to Peace of Mind programs that you may have purchased in prior years and will not apply to prior relationships between the parties in prior years.

YOU UNDERSTAND THAT YOU HAVE THE RIGHT TO LITIGATE CLAIMS IN COURT BEFORE A JUDGE OR JURY. BY SIGNING BELOW, HOWEVER, YOU AGREE TO KNOWINGLY AND VOLUNTARILY WAIVE YOUR RIGHTS TO LITIGATE SUCH CLAIMS IN COURT BEFORE A JUDGE OR JURY AND AGREE TO RESOLVE ANY CLAIMS PURSUANT TO THE ARBITRATION PROVISION IN THIS PLAN. BY AGREEING TO THE ARBITRATION PROVISION IN THIS PLAN, YOU AGREE THAT YOU WILL HAVE NO RIGHT TO PARTICIPATE AS A REPRESENTATIVE OR MEMBER OF ANY CLASS OF CLAIMANTS PERTAINING TO ANY CLAIM SUBJECT TO ARBITRATION.



Satisfaction

If for any reason you are not satisfied with the terms of this Plan and want to rescind this Plan, you may obtain a full refund of the fee you paid for the Plan provided that within seven (7) days from the date of purchase you contact the district manager of the H&R Block office where your tax return was prepared and provide at that office the receipt for such payment.

Claim Process - Frequently Asked Questions:

I received an inquiry from a tax authority. How do I file a claim?

Take your tax authority notice and any related documents to your local H&R Block office. Your local H&R Block office will file a claim with the Peace of Mind Claims Department. The claim will be reviewed and processed. If the claim is approved, you will receive a check. If the claim is not approved, you will receive a letter explaining the reason for the denial.

How long will it take to process my claim?

It usually takes 4 - 6 weeks to reach a claim determination.

What else do I need to know?

Federal law states that if your tax liability is paid by someone else, the amount of that payment becomes taxable income to you. Therefore, you will need to include your Peace of Mind payment on your tax return next year. If the payment is \$600 or more you will receive form 1099-MISC from H&R Block next year.

What about penalty and interest payments?

Payment of any penalty and interest assessed on the additional tax due may be processed separately under the conditions of H&R Block's Standard Guarantee and paid by your local office.

Who do I contact if I have more questions?

You should contact the H&R Block office where your claim was originally filed.

You can also speak to a client service representative by calling 1-800-HRBLOCK.

You can find additional information on our web site: www.hrblock.com/goto/peaceofmind.

What if my claim is denied?

You may dispute the denial by calling 1-800-HRBlock, or by submitting an email via hrblock.com, and clicking on customer support and requesting a second review. Your claim will usually be reviewed within 2 - 5 days. You will receive the final determination in writing. For New Hampshire Residents: In the event you do not receive satisfaction under this contract, you may contact the New Hampshire Insurance Department, Consumer Division, which provides oversight for consumer guaranty contracts, at 21 South Fruit Street, Suite 14, Concord NH 03301 or 603-271-2261.

Client's Name(s): DAVID J & SHABIDA CATANZARO	
Extended Service Plan Accepted. Extended Service Plan Declined. X	
Client's Signature: and and	Date: 2-3).06
Spouse Signature:	Date:
0-11-1-	/ /
Tax Professional Signature: William National States	3/2/26
TAX PTO 100000 (CITAL OIGH ALL COLOR OF THE	Date: 3/3/06

Form **8879**

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ Do not send to the IRS. This is not a tax return.

Kaanthiafarm	for vour records.	Con inchrustians
VEED HIIZ IOUII	ioi vaui recorus.	age manuchans

OMB No. 1545-0074

Taxpayer's name	Social	security r	number	
DAVID J CATANZARO	Journal	Security (idilibei	
Spouse's name	Coord	-1	<u> </u>	
SHABIDA CATANZARO	Spous	e s social	security number	
Part I Tax Return Information - Tax Year Ending December 31, 2006 (Whole	Dollar	s Only)	<u> </u>	
1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	30114		1	(7
2 Total tax (Form 1040, line 63; Form 1040A, line 37; Form 1040EZ, line 11)		· · ·	2	
3 Federal income tax withheld (Form 1040, line 64; Form 1040A, line 38; Form 1040EZ, line 7)			3	
4 Refund (Form 1040, line 74a; Form 1040A, line 45a; Form 1040EZ, line 12a, Form 1040EZ- T, line 1a)		·	4	4
5 Amount you owe (Form 1040, line 76; Form 1040A, line 47; Form 1040EZ, line 13)	<u> </u>		5	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return	nd kee	р а сор	y of your retur	n)
rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electron financial institution account indicated in the tax preparation software for payment of my Federal taxes owed or and the financial institution to debit the entry to this account. I further understand that this authorization may a to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future papersonal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect unterminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888. The payment (settlement) date. I also authorize the financial institutions involved in the processing of the electron information necessary to answer inquires and resolve issues related to the payment. I further acknowledge the below is my signature for my electronic income tax return or request for refund and, if applicable, my Electronic	nic funds this retur oply to fut syments, I ntil I notify onic payn	withdrawan and/or a ure Federa request the U.S. The Interest that the U.S. The Interest read in the Interest read	al (direct debit) entry payment of estimate al tax payments that at the IRS send me reasury Financial Ag an 2 business days i est to receive conflic-	to the ed tax i direct a jent to
Taxpayer's PIN: check one box only				
X lauthorize HR BLOCK to enter or generate	my PIN		13006	
ERO firm name as my signature on my tax year 2006 electronically filed income tax return or request for refund.			ot enter all zeros	
	nust comp	. Check thi blete Part II	l below.	
Spouse's PIN: check one box only			·	
X lauthorize HR BLOCK to enter or generate	mv PIN		16730	7
ERO firm name as my signature on my tax year 2006 electronically filed income tax return or request for refund.	`		ot enter all zeros	
I will enter my PIN as my signature on my tax year 2006 electronically filed income tax return or request fentering your own PIN and your return or request is filed using the Practitioner PIN method. The ERO management of the pouse's signature Maligla Cataryan Date	ust comp	lete Part III	below.	
Practitioner PIN Method Returns Only - continu	ıe bel	ow		
Part III Certification and Authentication - Practitioner PIN Method Only			·	
	do not er	20133 iter all zero	os	
rertify that the above numeric entry is my PIN, which is my signature for the tax year 2006 electronically filed incompany signature for the tax year 2006 electronically filed incompany signature. It is a submitting this return in accordance with the requirements of the last Handbook for Authorized HRS explains a file Providers of Individual Income Tax Returns.	me tax re Practition	turn or req er PIN mei	uest for refund for th thod and Publicatic	e
RO's signature ▶ Date ▶	0	4/09/	2007	
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To	Do So			

		nt of the Treasury - Internal Revenue Service	2006	(99)	IRS Liea Only - D	a aat w <i>ut</i> a a	r staple in this space.
		rear Jan. 1- Dec. 31, 2006, or other tax year beginning	, 2006, end		. 20		B No: 1545-0074
Label	DAV	ID J CATANZARO					al security number
Use the IRS	SHA	BIDA CATANZARO					
label.	286	UPPER POWDERLY STREET				Spouse's	social security number
Otherwise, please print	CAR	BONDALE, PA 18407			1		
or type.		·			Γ	A ' v	You MUST enter our SSN(s) above.
Presidential				• • •			ing a box below will not ge your tax or refund.
Election Camp	aign .	Check here if you, or your spouse if filing jointly, w	ant \$3 to go to th	is fund (see	page 16) ▶	. Y	· · [7]
Filing Statu	s 1 2	Single X Married filing jointly (even if only one had income	4	Head of	nousehold (with q		erson). (See page 17.)
Check only one box.	3 [Married filing separately. Enter spouse's SSN above & f		child's nar	ne here. 🕨		child (see page 17)
	6a	X Yourself. If someone can claim you as a deper	ndent do not che			-	1 Boxes checked 2
Exemptions		X Spouse	ident, do noten	SCR DUX Ga			No. of children
		Dependents:	(2) Depe	andent's	(3) Dependent	's (4) /it	on 6c who:
		(1) First name Last name	social secu		relationship to	child	for
u		(1) First Hame	000141 0004	nty nambon	you	Child to	due to divorce
lf more than four							or separation
dependents,							Dependents on 6c not
see page 19.					· · · · · · · · · · · · · · · · · · ·	- - -	entered above
		Total number of exemptions claimed		·l			Add numbers on lines
		Total number of exemptions claimed Wages, salaries, tips, etc. Attach Form(s) W-2		· · ·		· · · /////	. above ► ∠
Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2				[////	
IIICOIII C	0-	Touch interest Amon Colonial Differential				7	
AAA 1- F(-)		Taxable interest. Attach Schedule B if required				. 8a	
Attach Form(s) W- 2 here. Also		Tax- exempt interest. Do not include on line 8a		. 8b		////	,
attach Forms	90	Ordinary dividends. Attach Schedule B if required				9a	
W-2G and		Qualified dividends (see page 23)		. 9b		////	
1099- R if tax was withheld.	10	Taxable refunds, credits, or offsets of state and loc	al income taxes	(see page 24	1)	. 10	
was withincis.	11	Alimony received			The Marin Marin Salah Ca	. 11	
	12	Business income or (loss). Attach Schedule C or C				12	(77.
	13	Capital gain/(loss). Attach Sch D. If not required che	ckhere		▶	13	
fyou did not	14	Other gains or (losses). Attach Form 4797		<u></u>		. 14	
gét a W-2,		IRA distributions 15a		Taxable ami		. 15b	
see page 23.	16a	Pensions and annuities 16a		Taxable ami		. 16b	
	17	Rental real estate, royalties, partnerships, S corpo	rations, trusts, etc	c. Attach Sc	hedule E	. 17	-
Enclose, but do	18	Farm income or (loss). Attach Schedule F				. 18	
not attach, any payment. Also,	19	Unemployment compensation				. 19	
lease use	20a	Social security benefits 20a		Taxable amt		. 20b	
Form 1040- V.	21	Other income. List type and amount (see page 29)				////	
						21	······································
	22	Add the amounts in the far right column for lines 7 t	hrough 21. This i	s your total i	ncome	▶ 22	(77.
Adjusted	23	Archer MSA deduction. Attach Form 8853		23		—////	
aross	24	Certain business expenses of reservists, performing	-	1 1			
		fee-basis government officials. Attach Form 2106	or 2106- EZ 👝 .	24			
ncome	25	Health savings account deduction. Attach Form 88	889	25		////	
•	26	Moving expenses. Attach Form 3903		26		<i>!///</i> }	
	27	One-half of self-employment tax. Attach Schedule	SE	27		_/////	
	28	Self- employed SEP, SIMPLE, and qualified plans		28		////	
	29	Self- employed health insurance deduction (see pa		29	<u>. </u>	_////	
	30	Penalty on early withdrawal of savings		30		////	
	31a	Alimony paid b Recipient's SSN ▶		31a			
	32	IRA deduction (see page 31)		32		· ////	• • •
	33	Student loan interest deduction (see page 33)		33		· ////	
	34	Jury duty pay you gave to your employer		34			
	35	Domestic production activities deduction. Attach Fe	orm 8903	35			
	36	Add lines 23 through 31a and 32 through 35				. 36	
	37	Subtract line 36 from line 22. This is your adjusted of				▶ 37	(77.)

Form 1040 (20	06) D	AVID J & SHABIDA CATANZARO		Page 2
T	38	Amount from line 37 (adjusted gross income)	38	(77.
Tax and			177777	
Credits	356			
	_	if:	_/////	
Standard	t	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 34 & check here > 39b		
Deduction	İ			No. May 💰
for -	L 40	Itemized deductions (from Schodule A) exposuretenders deduction (english assets)	/////	10 200
 People wh 		Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	10,300.
checked any	/ 41	Subtract line 40 from line 38	41	(10,377.
box on line	42	If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina,		
39a or 39b o	r	see page 36. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d		6,600.
who can be	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter - 0-		
claimed as a	. 1			0.
dependent, see page 34	44	Tax. Check if any tax is from: a Form(s) 8814 b Form 4972		0.
see page 34	45	Alternative minimum tax (see page 39). Attach Form 6251	45	
All others:	46	Add lines 44 and 45	46	0.
1	47	Foreign tax credit. Attach Form 1116 if required 47	viin	
Single or Married tiling	- 1		-////	
separately.	48	Credit for child and dependent care expenses. Attach Form 2441 48	-////	
\$5,150	49	Credit for the elderly or the disabled. Attach Schedule R 49		• • • •
Married filing	50	Education credits. Attach Form 8863 50		,
Qualifying	51	Retirement savings contributions credit. Attach Form 8880 51	<i>\////</i>	
widow(er). \$10,300				
Head of	52	Residential energy credits. Attach Form 5695	-////	
household,	53	Child tax credit (see page 42). Attach Form 8901 if required 53		
\$7,550	54	Credits from:a Form 8396 b Form 8839 c Form 8859 54		
	55	Other credits: a 3800 b 8801 c Form 55		
	56		1////	
		Add lines 47 through 55. These are your total credits	56	
	57	Subtract line 56 from line 46. If line 56 is more than line 46, enter - 0-	57	0.
Other	58	Self- employment tax. Attach Schedule SE	58	
Taxes	59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
IdXES	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	·
	61	Advance earned income credit payments from Form(s) W- 2, box 9	1	
			61	
	62	Household employment taxes. Attach Schedule H	62	
	63	Add lines 57 through 62. This is your total tax	63	0.
Payments	64	Federal income tax withheld from Forms W- 2 and 1099 64		
	→ 65	2006 estimated tax payments and amount applied from 2005 return 65		
If you have a	L			
qualifying	Г		<i>\\\\\</i>	
child, attach		Nontaxable combat pay election ▶ 66b		
Schedule EIC	≟ 67	Excess social security and tier 1 RRTA tax withheld (see page 60) . 67		
	68	Additional child tax credit. Attach Form 8812		
	69	Amount paid with request for extension to file (see page 60) 69		
	70			
		from: a Form 2439 b Form 4130 C Form 8885		
	71	Credit for federal telephone excise tax paid. Attach Form 8913 if required 71		•
	72	Add Ins 64, 65, 66a, & 67 through 71. These are your total payments	72	40.
Refund	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	40.
Direct deposit?	74a	Amount of line 73 you want refunded to you . If Form 8888 is attached, check here	74a	40.
See page 61			11111	40.
and fill in 74b,		Routing number		
74c, and 74d,	▶ d	Account number		
or Form 8888	75	Amount of line 73 you want applied to your 2007 estimated tax ▶ 75		
Amount	76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62	76	
You Owe	77	Estimated tax penalty (see page 62)	iiina	
· · · · · · · · · · · · · · · · · · ·			<u> </u>	
Third Party	•	want to allow another person to discuss this return with the IRS (see page 63)? X Yes. Comple	ete the to	ollowing No
Designee	Design	ee's name Phone no.		Personal ID number
		BLOCK ► (570) 282-33	11	(PIN) ► 36939
Sign	Under p	enalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the Ley are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	best of r	ny knowledge and
Here				-
oint return?		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Dayumi	e phone number
See page 17.		r Info Only-Do not file MUSICIAN	,,,,,,,,	
eep a copy for		use's signature. If a joint return, both must sign. Date Spouse's occupation		
our records.	<u>′</u> _Fo	r Info Only-Do not file HOMEMAKER		
	Prepare	Data	Prepare	r's SSN or PTIN
Paid	signatur		-	
reparer's	Firm's na	4/9/2007 Sen-employed		669226
Jse Only	vours if s	elf-employed).		23111
	address	and ZIPcode CARBONDALE, PA 18407 Phone n	o.(57	<u>0) 282-3311</u>
				Form 1040 (2006)

SCHEDULE C (Form 1040)

Department of the Treasury

Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Partnerships, joint ventures, etc., must file Form 1065 or 1065- B.

► Attach to Form 1040, 1040NR, or 1041. ► See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074 Attachment Sequence No. 09

Schedule C (Form 1040) 2006

Name of proprietor Social security number (SSN) DAVID J CATANZARO Principal business or profession, including product or service (see page C-2 of the instructions) B Enter code from pages C-8, 9, & 10 **EVANGELIST: SERVICE ▶** 711510 Business name. If no separate business name, leave blank. D Employer ID number (EIN), if any DAVE CATANZARO ONE VOICE MINISTRIES Business address (including suite or room no.) ▶ 286 UPPER POWDERLY STREET City, town or post office, state, and ZIP code CARBONDALE, PA 18407 Accounting method: (1) X Cash (2) Accrual (3) Other (specify) Did you "materially participate" in the operation of this business during 2006? If "No," see page C-3 for limit on losses If you started or acquired this business during 2006, check here Part I Income Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-3 and check here 8,150. Returns and allowances 2 Subtract line 2 from line 1 3 8,150. 3 4 Cost of goods sold (from line 42 on page 2) 4 5 Gross profit. Subtract line 4 from line 3 8,150. 5 Other income, including federal and state gasoline or fuel tax credit or refund (see page C-3) 6 Gross income. Add lines 5 and 6 8,150. Part II Expenses. Enter expenses for business use of your home only on line 30. 8 8 555. 9 Car and truck expenses (see 19 19 Pension and profit-sharing plans page C-4) 9 2,243. 20 Rent or lease (see page C-5): 10 Commissions and fees 10 Vehicles, machinery, and equipment 20a 11 Contract labor (see page C-4) 11 Other business property 20b Depletion 12 12 21 Repairs and maintenance 21 13 Depreciation and section 179 22 Supplies (not included in Part III) 22 expense deduction (not 23 Taxes and licenses included in Part III) (see 24 Travel, meals, and entertainment: 13 Travel 509. Employee benefit programs Deductible meals and (other than on line 19) 14 entertainment (see page C-6) 2,196. 15 Insurance (other than health) 15 25 Utilities 25 16 Interest: 26 Wages (less employment credits) Mortgage (paid to banks, etc.) 16a 27 Other expenses (from line 48 on b Other 16b 27 2,724 17 Legal and professional 17 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns 8,227. 28 29 Tentative profit (loss). Subtract line 28 from line 7 29 (77.)30 Expenses for business use of your home. Attach Form 8829 30 31 Net profit or (loss). Subtract line 30 from line 29. If a profit, enter on Form 1040, line 12, and Schedule SE, line 2 or on Form 1040NR, line 13 (statutory) employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. (77.)• If a loss, you must go to line 32. 32 If you have a loss, check the box that describes your investment in this activity (see page C-6). If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2 or on 32a X All investment is at risk. Form 1040NR, line 13 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, 32b Some investment is not at risk. • If you checked 32b, you must attach Form 6198. Your loss may be limited. KBA For Paperwork Reduction Act Notice, see page C-8 of the instructions.

Sch	edule C (Form 1040) 2006 DAVID J CATANZARO	44		Page
Pa	urt III Cost of Goods Sold (see page C-7)			
33	Method (s) used to value closing inventory: a X Cost b Lower of cost or market c Other (at	tach ex	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation		Yes	XN
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	<u> </u>	
36	Purchases less cost of items withdrawn for personal use	36	-	
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies			
39	Other costs	39	1	
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4. TIV Information on Your Vehicle. Complete this part only if you are claiming car or	42		
	line 9 and are not required to file Form 4562 for this business. See the instruction C-4 to find out if you must file Form 4562.			
43	When did you place your vehicle in service for business purposes? (month, day, year) ▶ 4/15/2002			
44	Of the total number of miles you drove your vehicle during 2006, enter the number of miles you used your vehicle for:			
а				7078
45	Do you (or your spouse) have another vehicle available for personal use?			X
46	Was your vehicle available for personal use during off- duty hours?			☐ No
47a	Do you have evidence to support your deduction?			
	If "Yes," is the evidence written? rt V Other Expenses. List below business expenses not included on lines 8-26 or lin	- 20	X Yes	No
Га	Other Expenses. List below business expenses not included on lines 8-26 or lin	e 30.		
LOI	NG DISTANCE PHONE			583.
PO	STAGE			87.
RE	CORDING COST		1	,646.
IN'	TERNET USAGE			289.
VE I	BSET		! 	119.
	<u>-</u>		<u> </u>	
				
		·		
48	Total other expenses. Enter here and on page 1, line 27	48		724.
	0.00	ocned	lule C (Form 10	40) 2006

Schedule A - NOL (see page 6 of the instructions)

1	Enter the amount from your 2006 Form 1040, line 41, or Form 1040NR, line 38, minus any amount on			
	on Form 8914, line 6. Estates and trusts, enter taxable income increased by the total of the charitable			
	deduction, income distribution deduction, and exemption amount	1		(10,377)
2	Nonbusiness capital losses before limitation. Enter as a positive number 2			
3	Nonbusiness capital gains (without regard to any section 1202 exclusion)			
4	If line 2 is more than line 3, enter the difference; otherwise, enter - 0-			
5	If line 3 is more than line 2, enter the difference;			
	otherwise, enter · 0-			
6	Nonbusiness deductions (see page 6 of the instructions)			
7	Nonbusiness income other than capital gains		- 8	
	(see page 6 of the instructions)			
8	Add lines 5 and 7			
9	If line 6 is more than line 8, enter the difference; otherwise, enter - 0-	9		10,300
10	If line 8 is more than line 6, enter the difference;			
	otherwise, enter - 0 But do not enter more than		•	
	line 5			
11	Business capital losses before limitation. Enter as a positive number 11			
12	Business capital gains (without regard to any			
	section 1202 exclusion) 12			
13	Add lines 10 and 12			
14	Subtract line 13 from line 11. If zero or less, enter - 0-			
15	Add lines 4 and 14			
16	Enter the loss, if any, from line 16 of Schedule D (Form 1040). (Estates			
	and trusts, enter the loss, if any, from line 15, column (3), of Schedule D			
	(Form 1041).) Enter as a positive number. If you do not have a loss on		•	
	that line (and do not have a section 1202 exclusion), skip lines 16 through			
	21 and enter on line 22 the amount from line 15			
7	Section 1202 exclusion. Enter as a positive number	17		
8	Subtract line 17 from line 16. If zero or less, enter - 0-			
9	Enter the loss, if any, from line 21 of Schedule D (Form 1040). (Estates			
	and trusts, enter the loss, if any, from line 16 of Schedule D (Form 1041).)			
	Enter as a positive number 19			
0	If line 18 is more than line 19, enter the difference; otherwise, enter - 0-			
1	If line 19 is more than line 18, enter the difference; otherwise, enter - 0-	21		0
2	Subtract line 20 from line 15. If zero or less, enter - 0-	22		0
3	Domestic production activities deduction from Form 1040, line 35, or Form 1040NR, line 33 (or			
	included on Form 1041, line 15a)	23		
4	NOL deduction for losses from other years. Enter as a positive number	24		·
5	NOL. Combine lines 1, 9, 17, and 21 through 24. If the result is less than zero, enter it here and on			
	page 1, line 1a. If the result is zero or more, you do not have an NOL	25		(77
ВА			Form	1045A (2006)

TRANSPORTATION AND TRAVEL FOR SCHEDULES C, E, AND F

Name(s) DAVID J CATAN	ZARO			SSN THE		
TRAVEL EXPENSES (other than m	eals)		ACTUAL VEHICLE EXP	VEHICLE	1	VEHICLE
Plane/rail fares			Gas/oil/lube			
Car rentals/taxi/etc			Tires/batteries/repairs/etc			
Lodging/baggage/tips			Gar rent/auto club/cleaning			
Electronic services.			Insurance/licenses			
Laundry/cleaning	50		3. Total			
Total		509	4. Line 3 x bus %			
Report meals, entertainment, tips and Bus, amount directly on Schedule		nents - inclusion	5. Finance chg/interest x bus % . 6. Pers prop tax x bus %			
TRANSPORTATIONEXP						
			7. Line 2 or line 4 whichever applicable		90	
	VEHICLE 1	VEHICLE	8. Parking and tolls		53	
1. Bus. miles this year/this activity.	4922		9. Local business		ĺ	
2. Line 1 x .445 (cents)	2190		transportation			
			Total (add lines 5-9)	22	43	

DEPRECIATION AND MILEAGE RECORDS		VEH	HCLE			VE	HICLE	
Complete lines 2002 through C for prior years	Bus.	Business	Depr. Actually	Other Basis	Bus.	Business	Depr. Actually	Other Basis
only, and lines D, E, F, and G for the current year,	%	Mileage	Claimed	Adjustment	76	Mileage	Claimed	Adjustment
2002	75	15067	```					
2003	56	11916						
<u>2004</u>	46	8798						
<u>2005</u>	27	6280						
A. Total each column (except %)		42061						
B. Total miles in prior years for months of bus, use		75060						
C. Total business miles included in line B miles		42061						
D. Months of business use this year.		12						
E. Total miles in this year for months of bus. use		12000						
F. Total business miles included in line E miles		4922						
G. Line F / line Exline D / 12 months owned in year		41.02						

Sch C DAVE CATANZARO ONE VOICE MINISTRIES EVA

Form **8879**

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

Do not send to the IRS. This is not a tax return.
 Keep this form for your records. See instructions.

OMB No. 1545- 0074

Declaration Control Number (DCN) 00-2306628	
Taxpayer's name	Social security number
DAVID J CATANZARO	
Spouse's name	Spouse's social security number
SHABIDA CATANZARO	07 (Mholo Dollara Only)
Part I Tax Return Information - Tax Year Ending December 31, 20	
 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4) Total tax (Form 1040, line 63; Form 1040A, line 37; Form 1040EZ, line 10) 	1 (5,717.) 2 0.
 Total tax (Form 1040, line 63; Form 1040A, line 37; Form 1040EZ, line 10) Federal income tax withheld (Form 1040, line 64; Form 1040A, line 38; Form 1040EZ, line 7) 	
4 Refund (Form 1040, line 74a; Form 1040A, line 44a; Form 1040EZ, line 11a; Form 1040-SS,	
5 Amount you owe (Form 1040, line 76; Form 1040A, line 46; Form 1040EZ, line 12)	
Part II Taxpayer Declaration and Signature Authorization (Be sure	you get and keep a copy of your return)
for the tax year ending December 31, 2007, and to the best of my knowledge and belief, it is true, core Part I above are the amounts from my electronic income tax return. I consent to allow my intermediation of any refund offset, (c) the reason for any delay in processing the return or refund, and for Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct of the tax preparation software for payment of my Federal faxes owed on this return and/or a payment to this account. I further understand that this authorization may apply to future Federal fax payment for me to initiate future payments, I request that the access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 but authorize the financial institutions involved in the processing of the electronic payment of taxes to reinquires and resolve issues related to the payment. I further acknowledge that the personal identification income tax return and, if applicable, my Electronic Funds Withdrawal Consent.	ate service provider, transmitter, or electronic return of receipt or reason for rejection of the transmission, (b) and) the date of any refund. If applicable, I authorize the U.S. lebit) entry to the financial institution account indicated in to festimated tax, and the financial institution to debit the yments that I direct to be debited through the Electronic edits send me a personal identification number (PIN) to Financial Agent to terminate the authorization. To revoke siness days prior to the payment (settlement) date. I also eceive confidential information necessary to answer
Taxpayer's PIN: check one box only	
	or generate my PIN 13006
ERO firm name as my signature on my tax year 2007 electronically filed income tax return.	do not enter all zeros
I will enter my PIN as my signature on my tax year 2007 electronically filed income tax return 'PIN and your return is filed using the Practitioner PIN method. The ERO must complete Par	rt III below.
Your signature ► COPY ONLY	Date ► 04/10/2008
ERO firm name as my signature on my tax year 2007 electronically filed income tax return.	or generate my PIN 16730 do not enter all zeros
I will enter my PIN as my signature on my tax year 2007 electronically filed income tax return PIN and your return is filed using the Practitioner PIN method. The ERO must complete Par	
Spouse's signature ► COPY ONLY	Date ▶ 04/10/2008
Practitioner PIN Method Returns Only -	
Part III Certification and Authentication - Practitioner PIN Method O	nly
EDO's EEIN/ DIN Cotoryoursiy digit EEIN followed by your five digit cells collected DIN	23066200912
ERO's EFIN/ PIN. Enter your six- digit EFIN followed by your five- digit self- selected PIN.	<u>23066200912</u> do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the tax year 2007 electronic above. I confirm that I am submitting this return in accordance with the requirements of the Practition Authorized IRS e-file Providers of Individual Income Tax Returns.	cally filed income tax return for the taxpayer(s) indicated
ERO's signature ▶	Date ▶ 04/10/2008
ERO Must Retain This Form - See Instru	
Do Not Submit This Form to the IRS Unless Requ	ested to bo so
KBA For Privacy Act and Paperwork Reduction Act Notice, see page 2 of form.	Form 8879 (2007)

4040		nt of the Treasury - Internal Revenue Service	2007				
		ear Jan. 1- Dec. 31, 2007, or other tax year beginning	. 2007, ending	<u> </u>	RS Use Only - Do		or staple in this space. MB No. 1545- 0074
Label A		ID J CATANZARO	, 2007, ending		, 20		cial security number
Use the E		BIDA CATANZARO				- Tou. 50	olar security fluffiber
IRS label.		UPPER POWDERLY STREET				Spouse	's social security number
Otherwise, E		BONDALE, PA 18407					To the state of th
please print R		,				A	You MUST enter your SSN(s) above.
E						Ch ed	cking a box below will not ange your tax or refund.
Presidential L	aign ▶	Check here if you, or your spouse if filing jointly, w	ant \$3 to go to this fu	and (see	page 12) ▶	F1	You Spouse
	4	Single				ualifying	person). (See page 13.)
Filing Status	S 2 [Married filing jointly (even if only one had income					your dependent, enter this
Check only	3 [Married filing separately. Enter spouse's SSN above & fo		child's na	ne here. 🕨		
one box.		>	5	Qualifyir	g widow(er) with c	lepende	nt child (see page 14)
_	_	Yourself. If someone can claim you as a deper	ndent, <mark>do not</mark> check	box 6a			Boxes checked 2
Exemptions	b :	K Spouse	 		<u> </u>	. , .	No. of children
	c l	Dependents:	(2) Depend		(3) Dependent' relationship to	s (4)	if qual. ●lived with you 1
		1) First name Last name	social security		you	chile	tax cr. • did not live with you
Ifmore	ASH:	LEY CATANZARO			DAUGHTER		X or separation
than four dependents,							Dependents on 6c not
see page 15.							entered above
							Add numbers on lines
					<u> </u>	· · · · · · · · · · · · · · · · · · ·	above 3
Incomo	7	Wages, salaries, tips, etc. Attach Form(s) W-2				///	7
Income	0-	Taughta interest Attach Cahadula Diffranciand				7	
0441- F(-)		Taxable interest. Attach Schedule B if required .		8b		. 8a	/
Attach Form(s) W-2 here. Also		Tax- exempt interest. Do not include on line 8a		80		///	7
attach Forms		Ordinary dividends. Attach Schedule B if required	1	ا مدا		. 9a	-
W-2G and	b	, , , , , , , , , , , , , , , , , , , ,		9b			4
1099-Riftax was withheld.	10	Taxable refunds, credits, or offsets of state and loc	ai income taxes (se	e page 2	9)	. 10	
was waniera.	11	Alimony received				. 11	4
	12	Business income or (loss). Attach Schedule C or C				12	
	13	Capital gain/(loss). Attach Sch D. If not required, che Other gains or (losses). Attach Form 4797	eckhere		[14	
If you did not	14	IRA distributions 15a	h Taval	ble amt .		151	
get a W- 2,	15a 16a			ble amt .		161	
see page 19.		Rental real estate, royalties, partnerships, S corpo			hedule E	17	
Enclose, but do	17			-macii Sc	inedule E	18	
not attach, any	18 19	Farm income or (loss). Attach Schedule F				19	
payment. Also,	20a	Social security benefits 20a	b Tay	 cable am	· · · · · · · · · · · · · · · · · · ·	201	
please use Form 1040-V.	21	Other income. List type and amount (see page 24)					
1 0,111 10 40 * 0.	-					21	
	22	Add the amounts in the far right column for lines 7 t	hrough 21. This is y	our total	income	▶ 22	
	23			23			
Adjusted	24	Certain business expenses of reservists, performing	· · · · · · · · · · · · · · · · · · ·				
Gross		fee- basis government officials. Attach Form 2106		24			
Income	25	Health savings account deduction. Attach Form 88	Г	25			
	26	Moving expenses. Attach Form 3903	<i>.</i> [26	_		
	27	One- half of self- employment tax. Attach Schedule		27			
	28	Self- employed SEP, SIMPLE, and qualified plans		28		////	
	29	Self- employed health insurance deduction (see page 1)		29	·		
	30	Penalty on early withdrawal of savings		30			
				31a			
	32	IRA deduction (see page 27)		32			
	33			33			
	34	Tuition and fees deduction. Attach Form 8917.		34			
•	35	Domestic production activities deduction. Attach F	orm 8903	35			2
	36					. 36	
	37	Subtract line 36 from line 22. This is your adjusted				▶ 37	(5,717.)

Form 1040 (2007)

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 83.

Form 1040 (200	07) D.	AVID J & SHABIDA CATANZARO			Page 2
		Amount from line 37 (adjusted gross income)		38	(5,717.
Tax and			boxes	11111	
Credits	JJa	· · · · · · · · · · · · · · · · · · ·			
	$\overline{}$	[,	ked ▶ 39a 📗		
Standard	. b	If your spouse itemizes on a separate return or you were a dual- status alien, see pg 31 & check	chere ► 39b		•
Deduction	-				
for-	L 40	Itemized deductions (from Schedule A) or your standard deduction (see left ma	argin)	40	10,700.
People wh	۰ ـ ـ ـ ـ •	Subtract line 40 from line 38		41	(16,417.
checked any					140/41/.
box on line 39a or 39b o a	42	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions class.			
who can be	'	6d. If line 38 is over \$117,300, see the worksheet on page 33		42	10,200.
claimed as a	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter	·- 0	43	0.
dependent	44	Tax. Check if any tax is from: a Form(s) 8814 b Form 4972 c Form		44	0.
see page 31.		Alternative minimum tax (see page 36). Attach Form 6251		45	
, -					
All others:	46	Add lines 44 and 45		46	0.
Single or	47	Credit for child and dependent care expenses. Attach Form 2441	· · · · · · · · · · · · · · · · · · ·		
Married filing separately.	48	Credit for the elderly or the disabled. Attach Schedule R			
\$5,350	49	Education credits. Attach Form 8863			
Married filing	50	Residential energy credits. Attach Form 5695 50			
jointly or Qualifying		*	 		
widow(er),	51	Foreign tax credit. Attach Form 1116 if required			
\$10,700	52	Child tax credit (see page 39). Attach Form 8901 if required 52		<i>\\\\\</i>	
Head of household,	53	Retirement savings contributions credit. Attach Form 8880 53			
\$7,850	54	Credits from: a Form 8396 b Form 8859 c Form 8839 54			,
	ر 55	Other credits: a Form b Form C Form 55			
				56	
	56	Add lines 47 through 55. These are your total credits			
	57_	Subtract line 56 from line 46. If line 56 is more than line 46, enter - 0-	<u> </u>	57	0.
Other	58	Self- employment tax. Attach Schedule SE		58	
	59	Unreported social security and Medicare tax from: a Form 4137 b Form	n 8919	59	
Taxes	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if re		60	
	61	Advance earned income credit payments from Form(s) W-2, box 9		61	
		• •		 	
	62	Household employment taxes. Attach Schedule H		62	
	63_	Add lines 57 through 62. This is your total tax	<u> ▶</u>	63	0.
Payments	64	Federal income tax withheld from Forms W- 2 and 1099 64			
	→ 65	2007 estimated tax payments and amount applied from 2006 return 65			
If you have a	່ 66a	Earned income credit (EIC) NO 66a			
qualifying child attach	1	Nontaxable combat pay election ▶ 66b			
Schedule EIC	. 1				
	01	Excess social security and tier 1 RRTA tax withheld (see page 59) . 67			
	68	Additional child tax credit. Attach Form 8812 68			
	69	Amount paid with request for extension to file (see page 59) 69			
	70	Payments from: a Form 2439 b Form 4136 C Form 8885 70			
	71	Refundable credit for prior year minimum tax from Form 8801, line 27			
	72	Add Ins 64, 65, 66a, & 67 through 71. These are your total payments	•	72	0.
		If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you o	· · . · . · . · . · . · . · . · .	73	0.
Refund	73				<u></u>
Direct deposit?	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	• ▶ 📋	74a	
See page 59 and fill in 74b,	▶ b	Routing number	gs		
74c, and 74d,	▶ d	Account number			
or Form 8888.	75	Amount of line 73 you want applied to your 2008 estimated tax > 75			
Amount	76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see pag	ie 60 ▶	76	
You Owe			,000	<i>11111111</i>	
Tou Owe	77			<u> </u>	
Third Party	Do you	want to allow another person to discuss this return with the IRS (see page 61)?	Yes. Comple	ete tne to	llowing. X No
Designee	Design	lee's name Phone n	10.		Personal ID number
Designee	>	<u> </u>			(PIN)▶
Sign	Underp	enalties of perjury, I declare that I have examined this return and accompanying schedules and hey are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on al	statements, and to the	e best of n	ny knowledge and
Here		r signature Declaration of preparer (other than taxpayer) is based on an Institute Date Your occupa			e phone number
Joint return?				,	- p
See page 13.				777777	
Keep a copy for	•	ouse's signature. If a joint return, both must sign. Date Spouse's oc			
your records.	, Fc	r Info Only-Do not file HOMEMA	KER		
	Prepare	r's Date C	heck if	Prepare	r's SSN or PTIN
Paid -	signatu			P00	133052
Preparer's	Firm's n	ame (or H AND R BLOCK			23111
Use Only	yours if:	self-employed).			
	address	and ZIP code / CARBONDALE, PA 18407	Pnone r	10.(57	
					Form 1040 (2007)

SCHEDULE C (Form 1040)

3

4

5

8

9

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-10074 2007

Department of the Treasury

► Partnerships, joint ventures, etc., must file Form 1065 or 1065-B. Attachment Sequence No. 09 Attach to Form 1040, 1040NR, or 1041.See Instructions for Schedule C (Form 1040). Internal Revenue Service (99) Social security number (SSN) Name of proprietor DAVID J CATANZARO Principal business or profession, including product or service (see page C-2 of the instructions) B Enter code from pages C-8, 9, & 10 ▶ 711510 MUSICIAN : MUSIC D Employer ID number (EIN), if any Business name. If no separate business name, leave blank. С DAVID JOSEPH MUSIC E Business address (including suite or room no.) ► 286 UPPER POWDERLY STREET CARBONDALE, PA 18407 City, town or post office, state, and ZIP code (1) X Cash Accounting method: (2)X Yes Did you "materially participate" in the operation of this business during 2007? If "No," see page C-3 for limit on losses No If you started or acquired this business during 2007, check here Income Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the "Statutory 32,135. employee" box on that form was checked, see page C-3 and check here 2 32,135. 3 4 Cost of goods sold (from line 42 on page 2) 32,135. Gross profit. Subtract line 4 from line 3 . . . 5 6 Other income, including federal and state gasoline or fuel tax credit or refund (see page C-3) ,135. Gross income. Add lines 5 and 6 Expenses. Enter expenses for business use of your home only on line 30. Part II 831. 18 18 8 Office expense Advertising 19 19 Pension and profit-sharing plans . Car and truck expenses (see 10,324 20 Rent or lease (see page C-5): 9 page C-4) 931. 10 Commissions and fees . 10 Vehicles, machinery, and equipment. 20a Other business property Contract labor (see page C-4) 11 20b 11 12 21 Repairs and maintenance . 21 12 Depletion 22 Supplies (not included in Part III) 22 13,634. Depreciation and section 179 13 23 Taxes and licenses 23 expense deduction (not 24 Travel, meals, and entertainment: included in Part III) (see 3,577. page C- 4) 13 Travel 24a Deductible meals and Employee benefit programs entertainment (see page C-6) . . 24b 2,552. (other than on line 19) . 14 25 Utilities 25 15 Insurance (other than health). 15 26 Wages (less employment credits) 16 Interest: Mortgage (paid to banks, etc.) 16a 27 Other expenses (from line 48 on 5,903 16b page 2) 27 Other b Legal and professional 17 100 services 37,852. 28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns 28 (5,717.)29 30 30 Expenses for business use of your home. Attach Form 8829 31 Net profit or (loss), Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (statutory (5,717.)employees, see page C-7). Estates and trusts, enter on Form 1041, line 3. If a loss, you must go to line 32.

• If you checked 32b, you must attach Form 6198. Your loss may be limited. KBA For Paperwork Reduction Act Notice, see page C-8 of the instructions.

32 If you have a loss, check the box that describes your investment in this activity (see page C-7). • If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on

Form 1040NR, line 13 (statutory employees, see page C-7). Estates and trusts, enter on Form 1041,

Schedule C (Form 1040) 2007

at risk.

X All investment is at risk.

Some investment is not

32a

32b

	dule C (Form 1040) 2007 DAVID J CATANZARO			Page 2
	Cost of Goods Sold (see page C-7)			.
33 34	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Was there any change in determining quantities, costs, or valuations between opening and closing inventory?	Oth	er (attach explan	ation)
-	If "Yes," attach explanation		. ∴⊅िYes	X No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	. 35		
36	Purchases less cost of items withdrawn for personal use	. 36		
37	Cost of labor. Do not include any amounts paid to yourself	. 37		
38	Materials and supplies	. 38		
39	Othercosts	39		
40	Add lines 35 through 39	. 40		
41	Inventory at end of year	. 41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4			
Par	Information on Your Vehicle. Complete this part only if you are claiming car or line 9 and are not required to file Form 4562 for this business. See the instruct C-4 to find out if you must file Form 4562.			
43	When did you place your vehicle in service for business purposes? (month, day, year) ▶ 3/1/2007			
44	Of the total number of miles you drove your vehicle during 2007, enter the number of miles you used your vehicle for:			
а	Business 21202 b Commuting (see instructions) 0 c Other	·	0	
45	Do you (or your spouse) have another vehicle available for personal use?		Yes	X No
46	Was your vehicle available for personal use during off- duty hours?		X Yes	No
47a	Do you have evidence to support your deduction?		X Yes	No
	If "Yes," is the evidence written?	· · ·	. X Yes	No
Par	Other Expenses. List below business expenses not included on lines 8-26 or li	ne 30	i	
LOI	IG DISTANCE PHONE		-	462.
POS	TAGE	-		372.
CLC	THING	-		364.
INT	ERNET USAGE			367.
AAF	'ES FEES		4,	338.
				·
	` 			
			_	
48	Total other expenses. Enter here and on page 1, line 27	48 Sche	5 , dule C (Form 10	903. 40) 2007

Schedule A - NOL (see page 6 of the instructions)

	[////]	
1	Enter the amount from your 2007 Form 1040, line 41, or Form 1040NR, line 38. Estates and trusts,	
	enter taxable income increased by the total of the charitable deduction, income distribution	•
	deduction, and exemption amount	(16,417
2	Nonbusiness capital losses before limitation. Enter as a positive number	
3	Nonbusiness capital gains (without regard to any section 1202 exclusion)	
4	If line 2 is more than line 3, enter the difference; otherwise, enter - 0-	
5	If line 3 is more than line 2, enter the difference;	
	otherwise, enter-0	
6	Nonbusiness deductions (see page 6 of the instructions) 6 10,700	
7	Nonbusiness income other than capital gains	
-	(see page 6 of the instructions)	
8	Add lines 5 and 7	
9	If line 6 is more than line 8, enter the difference; otherwise, enter - 0	10,700
10	If line 8 is more than line 6, enter the difference;	
	otherwise, enter - 0 But do not enter more than	
	line 5	
11	Business capital losses before limitation. Enter as a positive number	
12	Business capital gains (without regard to any	·
12	section 1 202 exclusion)	
13	Add lines 10 and 12	
•-	Subtract line 13 from line 11. If zero or less, enter - 0-	
14	Add lines 4 and 14.	
15	Enter the loss, if any, from line 16 of Schedule D (Form 1040). (Estates	
.16		
	and trusts, enter the loss, if any, from line 15, column (3), of Schedule D	
	(Form 1041).) Enter as a positive number. If you do not have a loss on	
	that line (and do not have a section 1202 exclusion), skip lines 16 through	
	21 and enter on line 22 the amount from line 15	
17	Section 1202 exclusion. Enter as a positive number	
18	Subtract line 17 Hoffmare 10. In zero or less, enter -0-	
19	Enter the loss, if any, from line 21 of Schedule D (Form 1040). (Estates	
	and trusts, enter the loss, if any, from line 16 of Schedule D (Form 1041).)	
	Enter as a positive number	
20	If the 1015 more than the 19, enter the difference, otherwise, enter -0	
21	If line 19 is more than line 18, enter the difference; otherwise, enter - 0-	0
22	Subtract line 20 from line 15. If zero or less, enter - 0-	0
23	Domestic production activities deduction from Form 1040, line 35, or Form 1040NR, line 33 (or	
	included on Form 1041, line 15a)	
24	NOL deduction for losses from other years. Enter as a positive number	
25	NOL. Combine lines 1, 9, 17, and 21 through 24. If the result is less than zero, enter it here and on	
	page 1, line 1a. If the result is zero or more, you do not have an NOL 25	(5,717)
		E 404E (0007)

Form 1045 (2007)

Form PA-8879	Penn	sylvania e-file S	Signature Auth	orization	2007
Declaration Control Nu	` , <u>, </u>				
00-230662-				Society	sial Casseiles Normbar
Taxpayer's Name CATANZARO D	AVID J			500	cial Security Number
Spouse's Name				Spo	ouse's Social Security Number
CATANZARO S	HABIDA				
PARTI Tax R	eturn Information - 7	Tax Year Ending De	cember 31, 2007	(Whole Dollars O	nly)
1. Adju	usted PA Taxable Income (Fo	orm PA-40 , Line 11)			1 (
2 DA	Four liability (Form DA 40 Lin	20.12)			2.
3. Tota	al PA Tax Withheld (Form PA	-40, Line 13)			3
4. Refu	und (Form PA-40 , Line 29)				4
5. Tota	ıl Payment (Tax Due) (Form F	PA- 40 , Line 27)			5
PART II Declar	ration and Signature	Authorization of Ta	xpaver	. 3000000000000000000000000000000000000	
tax return and, if applic Faxpayer's PIN: (ci X lauthorize HR	able, my Electronic Funds W heck one box only)	nthdrawal Consent.	to enter my PIN		ture for my electronic income as my signature on my
I will enter my PIN	l as my signature on my tax y	ear 2007 electronically filed	d income tax return.		
our signature	COPY ONLY				Date 04/10/2008
Spouse's PIN: (check				16720	
X lauthorize HR	ctronically filed income tax re	turn.	to enter my PIN	10/30	as my signature on my
·	l as my signature on my tax y		I income tax return.		
Spouse's signature	COPY ONLY				Date <u>04/10/2008</u>
	Practitioner	PIN Program Parti	cipants Only - Co	ontinue Below	
PART III Certific	cation and Authentica				
ERO's FR	IN/PIN. Enter your six- digit	EFIN followed by your five	- digit self- selected PIN	23066200912	
As a parti electronic	cipant in the Practitioner PIN cally filed income tax return for nce with the requirements est	Program, I certify that the or the taxpayer(s) indicated	above numeric entry is r d above. I confirm that I a	ny PIN, which is my sign	
RO's signature	26	USIS SI	1		Date 04/10/2008

ERO Must Retain This Form and the Supporting Documents for three (3) years.

DO NOT SUBMIT THIS FORM TO PENNSYLVANIA

PA - 40 - 2007 Pennsylvania Income Tax Return ENTER ONE LETTER OR NUMBER IN EACH BOX. Do Not Use Your Preprinted Label

		•		N .	Extension.	
CATANZARO				N	Amended Return.	
DAVID	J	Occupation	MUSICIAN	R	Residency Status.	dank Dank Mara Danislank
Adibahz		Occupation	HOMEMAKER		from	dent/Part-Year Resident to
CATANZARO				J.	Single/Married, Filing	
286 UPPER POWDERLY	STR	EET			Filing Separately/ Fin Date of death	ai Return/ Deceased
				N	Farmers.	
CARBONDALE		PA L	8407		School District Name	LAKELAND
570 282 4889		3.	5460	1		
 Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions. Unreimbursed Employee Business Expenses. Net Compensation. Subtract Line 1b from Line 1a. Interest Income. Complete PA Schedule A if required. Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required. 					la lb lc	
Net Income or Loss from the Ope Net Gain or Loss from the Sale, E Net Income or Loss from Rents, F Estate or Trust Income. Complete Gambling and Lottery Winnings. Total PA Taxable Income. Add 2, 3, 4, 5, 6, 7, and 8. DO NOT AD Other Deductions. Enter the app See the instructions for additional Adjusted PA Taxable Income. S	xchang Royalties e and su Comple only the D any lo propriate I inform	e, or Dispositions, Patents, or Cubmit PA Sche ete and submit positive incomesses reported of the type ation.	n of Property. opyrights. dule J. PA Schedule T. se amounts from Lines 1c on Lines 4, 5, or 6. ype of deduction.	N	4 5 6 7 8 9	- P458 - 0 0 0 0

EC Page 1 of 2 FC 0700113158

Name(s) DAVID & SHABIDA CATANZARO

				17			
12	PA Tax Liability. Multiply Line 11 by 3			75			0
13	Total PA Tax Withheld. See the instruction			13			0
		* .3					
14	Credit from your 2006 PA Income Tax re	eturn.		14			0
15				15			Ō
16				16			ō
17		Schedule(s) NRK-1. (Nonresidents on	lv)	17			ā
18	Total Estimated Payments and Credi		.37	18			Ō
10	Total Estimateur ayments and oreal	13,744 Emiles 7-1, 10, 10, 414 11.		1			<u> </u>
Tax	Forgiveness Credit.	,					
	Filing Status: 01 Unmarried or Se	parated 02 Married 03 Dece	ased	19a	00		
	Dependents, Part B, Line 2, PA Schedu	ile SP		19b	00		
20	Total Eligibility Income from Part C, Line			20			0
21	Tax Forgiveness Credit from Part D, L			57			0
		•					
22	Resident Credit. Submit your PA Sche	dule(s) G-Rwith your				•	
	PA Schedule(s) G-S, G-L and/or RK-			22			0
23	Total Other Credits. Submit your PA So			23			0
-	TOTAL PAYMENTS and CREDITS. Ad			24		•	0
	TAX DUE. If Line 12 is more than Line 2			25			0
26	Penalties and Interest. See the instructi			56			0
20		attaching form REV- 1630, mark the box.	N				
		,					
27	TOTAL PAYMENT. Add Lines 25 and 2	26.		27			0
28	OVERPAYMENT. If Line 24 is more than			28			0
	the difference here.						
	The total of Lines 29 through 35 must	equal Line 28.					
29	Refund - Amount of Line 28 you want a		Refund	29			0
30		a credit to your 2008 estimated account.		30			0
		the Wild Resource Conservation Fun		37			0
		the Military Family Relief Assistance l		32			0
		the Governor Robert P. Casey Memor		33			0
•••	Organ and Tissue Donation Awarene						
34	Amount of Line 28 you want to donate to	the Juvenile (Type 1) Diabetes Cure		34			0
•	Research Fund.	, ,,					
35	Amount of Line 28 you want to donate to		35			0	
	Research Fund.						
Signat		that I (we) have examined this return, including	all accom-				
panyir	ng schedules and statements, and to the best o	f my (our) belief, they are true, correct, and com	plete.				
Your	Signature	Spouse's Signature, if filing jointly					

Page 2 of 2

(570) 282-3311

Date

FOR INFORMATION ONLY

Preparer's SSN/PTIN

P00133052

Firm EIN

535553777

FOR INFORMATION ONLY

Preparer's Name and Telephone Number

H AND R BLOCK

0703110023

PA Schedule C

Profit or Loss From
Business or Profession
(SOLE PROPRIETORSHIP)
PA-40 C (10-07) (I) -

PA DEPARTMENT OF REVENUE 2007 Include with form	PA- 40, PA- 20S/PA- 65, or PA- 41 OFFICIAL USE ONLY
Name of owner as shown on PA tax return	Owner's
DAVID J CATANZARO	Social Security Number
A. Main business activity ▶ MUSICIAN	productor service MUSIC
B. Business Name ▶DAVID JOSEPH MUSIC	C. Employer Identification Number
D. Business address (number and street) 286 UPPER POWDERLY	
City, State, and ZIP Code ► CARBONDALE, PA 18407	C
E. Method(s) used to value closing inventory, check the appropriate box:	Sales Tax License Number (if applicable)
(1) X Cost (2) Lower of cost or market	
(3) Other (if other, attach explanation)	
F. Accounting method, check the appropriate box:	
(1) X Cash (2) Accrual (3) Other (specify) ►	
G. Was there any change in determining quantities, costs, or valuations	X 711510
between opening and closing inventory? If "Yes," attach explanation.	
H. Did you deduct expenses for an office in your home?	
I. If the business is out of existence as of the end of the current year, check this be	x
PART I Income	
1. a. Gross receipts or sales	
b. Returns and allowances	
c. Balance (subtract Line 1b from Line 1a)	1c. 32,13500
2. Cost of goods sold and/or operations (Schedule C-1, Line 8)	
Gross profit (subtract Line 2 from Line 1c) Other Income (attach statement) Include interest from accounts receivable, business check and other business accounts. Also include sales of operational assets. See Instructions Bo	3. 32,13500
4. Other Income (attach statement) Include interest from accounts receivable, business check and other business accounts. Also include sales of operational assets. See Instructions Bo	ing accounts, oklet
5 Total income (add Lines 3 and 4) · · · · · · · · · · · · · · · · · ·	
PART II Deductions	
6. Advertising	28. Supplies (not included on Sch C-1) 13,63400
7. Amortization	29. Taxes
8. Bad debts from sales or services	30. Telephone
9. Bank charges	31. Travel and entertainment 8, 68100
10. Car and truck expenses	0 0 32. Utilities
11. Commissions 931	
12. Cost depletion but not percentage depletion	34. Other expenses (specify):
13. a. Regular depreciation	a LONG DISTANCE P 46200
13. b. Section 179 expense	b. POSTAGE 37200
14. Dues and publications	c. CLOTHING 36400
15. Employee benefit programs other than on Line 23	d. INTERNET USAGE 36700
16. Freight (not included on Schedule C-1)	e. AAFES FEES 4,33800
17. Insurance	f
18. Interest on business indebtedness	
19. Laundry and cleaning	h
20. Legal and professional services. 100	
21. Management fees	
0.04	
	F 00000
23. Pension and profit- sharing plans for employees	34. Total other expenses
24. Postage	36. Reduce expenses by the total business
25. Rent on business property	credits claimed (for example, Employment
26. Repairs	Incentive Payments Credit) on your PA- 40.
27. Subcontractor fees.	37. 40,404 00
37. Total Adjusted Expenses deductions Subtract Line 36 from Line 35	
38. Net profit or loss (subtract Ln 37 from Ln 5). If a net loss, check the box. Enter th	e result on your PA tax returnLoss X 388, 269 00

0703110023 PAGE 1 0703110023

PA Schedule C

0203570057

PA-40 C (10-07) (I)

5. Totals (add all Line 4 amounts)

6. Any depreciation included in Schedule C-1..... 7. Balance (subtract Line 6 from Line 5). Enter here and on Part II, Line 13a

PA DEPARTMENT OF REVENUE OFFICIAL USE ONLY Name of owner as shown on PA tax return: Social Security Number DAVID J CATANZARO SCHEDULE C-1-Cost of Goods Sold and/or Operations 1. Inventory at beginning of year (if different from last year's closing inventory, attach explanation) 000 a. Purchases...... b. Cost of items withdrawn for personal use 3. 4. 5. Other costs (include schedule) 5. 6. Add Lines 1, 2c, 3, 4, and 5 6. 7. 000 Cost of goods sold and/or operations (subtract Line 7 from Line 6) Enter here and on Part 1, Line 2 SCHEDULE C-2-Depreciation PA PIT law does not permit the bonus depreciation elections added to the Internal Revenue Code (IRC) in 2002 and 2003. PA PIT law limits IRC Section 179 current expensing to the expensing allowed at the time you placed the asset into service, or the expensing in effect under the IRC of 1986 as amended January 1, 1997. For each asset, you must also report straight-line depreciation, unless not using an optional accelerated depreciation method. You need the amount of straight-line depreciation to take advantage of Pennsylvania's Tax Benefit Rule when you sell the asset. See the PA PIT Guide for the Tax Benefit Rule. 1. Total Section 179 depreciation (do not include in items below) · · · · · · · · · · · · · · ▶ 1. 2. 3. 3. Balance (Subtract Line 2 from Line 1). Enter here and on Part II, Line 13b. Depreciation for Costor Depreciation allowed or Method of Life Date acquired Description of property other basis allowable in prior years computing or rate this year depreciation (f) (g) (c) (a) (e) 4. Other depreciation: Furniture and fixtures Transportation equipment ... Machinery & other equipment Other (specify)

> PAGE 2 0703210021 0703210021

6.

Final Earned Inc	ome Tax	Return		
TAXING AUTHORITY OF RESIDENCE: FLORENCE LARKIN				
CITY, TWP, OR BORO: CARBONDALE TWP				: <u>2007</u>
SCHOOL DISTRICT: LAKELAND				: 0.5000
TAXPAYER: CATANZARO DAVID J				»
SPOUSE: CATANZARO SHABIDA		SS#		<u> </u>
ADDRESS 286 UPPER POWDERLY STREET				
CARBONDALE PA 18407				
Has Taxpayer Address Changed?: Yes X No Check if this is a First Time Filing ►		•		
LEGAL RESIDENCE FOR THIS TAX YEAR (IF CHANGED WITH- IN THE YE	AR):			No. months
TAXPAYER				•
SPOUSE				
		TAXPA	YER	SPOUSE
1. WAGES, TIPS AND OTHER COMPENSATION				
2. LESS ALLOWABLE BUSINESS EXPENSES				·
3. SUB-TOTAL (LINE 1 FROM LINE 2)				0.00
4. OTHER TAXABLE EARNED INCOME (IDENTIFY SOURCE		_)\$	\$	
5. SUB-TOTAL (LINE 3 PLUS LINE 4)			\$	
6. NETLOSS FROM BUSINESS (Sch. C, E, For K-1)				
7. SUB-TOTAL OF INCOME(NOT LESS THAN ZERO). 8. NET PROFIT FROM BUSINESS.			\$	·
1st Quarter 2nd Quarter 3rd Quarter	POUSE	\$ 	\$	İ
4th Quarter	-	\$	\$	
13. CREDITS PROMITAST TEAR		. • <u></u>	\$	
14. OTHER TAX CREDITS (_)\$	\$	
15. TOTAL TAX CREDITS (Add lines 11, 12, 13 & 14)		. \$	\$	
16. TOTAL CREDITS AGAINST TAX		. \$	\$	
17. TAX REFUND DUE (If line 16 is greater than line 10)		\$	* \$	
18. TAX DUE (If line 10 is greater than line 16)				
TAXPAYER SF	POUSE	\$	\$	
INTEREST DUE				
PENALTY DUE		_		
TOTAL AMOUNT OF INTEREST AND PENALTY DUE TO LOCAL		. \$	\$	
NET TAX DUE NET REFUND		. \$	\$	
NET REFUND		. \$	\$	
Date	- ·		Date	•
SIGNATURE (TAXPAYER)	SIGNATURE	(SPOUSE)		
Make Checks Payable to:				
PREPARED BY: H&R BLOCK ZIP Code 18407 Date 04/10/2008				

Final Earned Inc	ome Tax	Return		
TAXING AUTHORITY OF RESIDENCE: DON WILKINSON				
CITY, TWP, ORBORO:CARBONDALE TWP			Tax	x Year: 2007
SCHOOL DISTRICT: LAKELAND				x Rate: 0.5000
TAXPAYER: CATANZARO DAVID J			SS#:	
SPOUSE: CATANZARO SHABIDA			SS#:	
ADDRESS: 286 UPPER POWDERLY STREET				
CARBONDALE PA 18407			,	
Has Taxpayer Address Changed?: Yes X No				
Check if this is a First Time Filing ▶				
LEGAL RESIDENCE FOR THIS TAX YEAR (IF CHANGED WITH- IN THE YEAR	AR):			No. months
TAXPAYER				
				· · · · · - · · · · · · · · · · · · · ·
SPOUSE	 			· · · · <u> </u>
			TAXPAYER	SPOUSE
1. WAGES, TIPS AND OTHER COMPENSATION		\$	\$	
2. LESS ALLOWABLE BUSINESS EXPENSES				
3. SUB-TOTAL (LINE 1 FROM LINE 2)				
4. OTHER TAXABLE EARNED INCOME (IDENTIFY SOURCE				
5. SUB- TOTAL (LINE 3 PLUS LINE 4)		*	\$	
6. NETLOSS FROM BUSINESS (Sch. C, E, F or K-1)		\$(8,269.00)\$	
7. SUB-TOTAL OF INCOME(NOT LESS THAN ZERO)		\$	\$	
8. NETPROFITFROM BUSINESS				
9. TOTAL EARNED INCOME & NET PROFIT 10. TAXLIABILITY		\$	<u> </u>	
10. TAXLIABILITY		\$	<u> </u>	
44 LOGALIMAGE TAVMATULEED (PortM 2'o)		e ·	œ.	
11. LOCAL WAGE TAX WITHHELD (Per W- 2's)	POUSE		——— ў <u>-</u>	
1st Quarter				
2nd Quarter		_		
3rd Quarter		- .s	\$	
13. CREDITS FROM LAST YEAR				
14. OTHER TAX CREDITS (
14. OTHER TAX CREDITS (- '\$	\$	<u>-</u>
16. TOTAL CREDITS AGAINST TAX		\$	\$\$.	
17. TAX REFUND DUE (If line 16 is greater than line 10)		\$	\$ _	······································
18. TAX DUE (If line 10 is greater than line 16)				
TAXPAYER SP	POUSE	\$	\$	
INTEREST DUE		-		
PENALTY DUE		_		
TOTAL AMOUNT OF INTEREST AND PENALTY DUE TO LOCAL				
NET TAX DUE		\$		
NET REFUND		. \$	<u> </u>	
Date			ſ	Date
SIGNATURE (TAXPAYER)	SIGNATURE	(SPOUSE)		Date
Make Checks Payable to:				
				
PREPARED BY: H&R BLOCK				
ZIP Code 18407 Date 04/10/2008				

Form **8879**

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ Do not send to the IRS. This is not a tax return.

► Keep this form for your records. See instructions.

OMB No. 1545- 0074

Declaration Control Number (DCN) 00-2306629			
Taxpayer's name	Social sec	curity number	
DAVID J CATANZARO			
Spouse's name	Spouse's	social security	v number
SHABIDA CATANZARO			
Partil Tax Return Information - Tax Year Ending December 31, 2008	(Whole Dollars	Only)	
1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)		. 1	(5,325
2 Total tax (Form 1040, line 61; Form 1040A, line 37; Form 1040EZ, line 11)		. 2	0.
3 Federal income tax withheld (Form 1040, line 62; Form 1040A, line 38; Form 1040EZ, line 7) 4 Refund (Form 1040, line 73a; Form 1040A, line 45a; Form 1040FZ, line 13a; Form 1040, CC, Part		. 3	0.
1040-25, Pan 1040-55, Pan 1040-55, Pan	t I, line 12a)	. 4	128
5 Amount you owe (Form 1040, line 75; Form 1040A, line 47; Form 1040EZ, line 13) Rantiff Taxpayer Declaration and Signature Authorization (Be sure you		5	
Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax for the tax year ending December 31, 2008, and to the best of my knowledge and belief, it is true, correct part I above are the amounts from my electronic income tax return. I consent to allow my intermediate soriginator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of reindication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) it Treasury and its designated Financial Agent to initiate an ACH electronic funds with drawal (direct debit the tax preparation software for payment of my Federal faxes owed on this return and/or a payment of entry to this account. I further understand that this aumorization may apply to future Federal tax payme Federal Tax Payment System (EFTPS). In order or me to luttiate future payments, i request that the IRs access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Fina a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 busines authorize the financial institutions involved in the processing of the electronic payment of taxes to receivinquires and resolve issues related to the payment. I further acknowledge that the personal identification electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only	creturn and accomplete. I fuservice provider, transeceipt or reason for receipt or recei	anying schedul rther declare the smitter, or electejection of the table, in the second of the table, in the second of the table, in the second of the second	les and statements nat the amounts in tronic return transmission, (b) and authorize the U.S. count indicated in tution to debit the gh the Electronic number (PIN) to ization. To revokement) date. I also any to answer ure for my
ERO firm name to enter or ge	enerate my PIN	1300	
as my signature on my tax year 2008 electronically filed income tax return.		Enter five nur do not enter	mbers, but r all zeros
I will enter my PIN as my signature on my tax year 2008 electronically filed income tax return. Che PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III by Control of the PIN and your return is filed using the Practitioner PIN method.	oelow.		g your own
Your signature COPY ONLY	Date > <u>04/13/</u>	2009	
as my signature on my tax year 2008 electronically filed income tax return. I will enter my PIN as my signature on my tax year 2008 electronically filed income tax return. Cha	ack this hav ann if w	1673 Enter five nun do not enter	nbers, but all zeros
The ENO must complete Part III b	elow.		
Spouse's signature ► COPY ONLY	ate > <u>04/13/</u>	2009	
Practitioner PIN Method Returns Only - co Partill Certification and Authentication - Practitioner PIN Method Only		V	
, and the second of the second			
ERO's EFIN PIN. Enter your six- digit EFIN followed by your five- digit self- selected PIN.	230662 do not enter		
I certify that the above numeric entry is my PIN, which is my signature for the tax year 2008 electronically fabove. I confirm that I am submitting this return in accordance with the requirements of the Practitioner Pauthorized IRS e- file Providers of Individual Income Tax Returns.	iled income toy rotur	n for the towns	/er(s) indicated Handbook for
ERO's signature ►	ate <u>04/13/2</u>	2009	
ERO Must Retain This Form - See Instruction Do Not Submit This Form to the IRS Unless Requeste	ns ed To Do So		
KBA For Privacy Act and Paperwork Reduction Act Notice, see page 2 of form.			Form 8879 (2008)

Form P A	00/9	Pelilisyivai	nia e- nie Si	gnature Authoriza	ition	2008
Declaration	Control Num	per (DCN)				
Taxpayer's	Name				Social Security	Number
Spouse's N	ARO DA	ATD 0				
CATANZ	ARO SH					Security Number
PART I	Tax Ret	urn Information - Tax \	ear Ending Dec.	31, 2008 (Whole dollars	only)	
	1. Adjuste	ed PA Taxable Income (Form PA	4- 40, Line 11)	· · · · · · · · · · · · · · · · · · ·	1	
	2. PA Tax	Liability (Form PA- 40, Line 12)	• • • • • • • • • • • • • • • • • • • •	•••••	2	(
	3. Total P.	A Tax Withheld (Form PA- 40, Li	ne 13)	•••••	3	(
	4. Refund	(Form PA- 40, Line 29)	• • • • • • • • • • • • • • • • • • • •		4	
				••••••	5	0
PART II	Declarat	on and Signature Auth	orization of Taxo	ayer ual income ax return and accomplete lies, it is true correct and complete it if applicable, I authorize the PA		
electronic inc	come tax return	nswer inquiries and resolve issum and, if applicable, my electroni	es related to payment. I ic funds withdrawal con		cation number as m	y signature for my
	rize HR B r 2008 electro	lock nically filed income tax return.		to enter my PIN 13006	as	my signature on my
[] I will en	ter my PIN ası	ny signature on my tax year 200	8 electronically filed inc	ome tax return.		
four sign: Spouse's		ck one box only)	COPY ONL	Y	Date	04/13/2009
X lauthor	ize HR B	Lock		to enter my PIN 16730	ası	ny signature on my
tax year	2008 electron	ically filed income tax return.			00.	ny signature on my
l will ent	er my PIN as n	ny signature on my tax year 2008	8 electronically filed inco	ome tax return.		
ipouse's	signature_		COPY ON	LY	Date	04/13/2009
		Practitioner PIN F	Program Participa	ants Only - Continue Be	low	
ART III	Certification	on and Authentication	<u> </u>			
As a partic	ipant in the Pra ally filed incom	actitioner PIN Program, I certify t	that the above numeric ndicated above. I confir	eted PIN 23066200912 entry is my PIN, which is my signa m that I am participating in the Pra	ture on the tax year actitioner PIN Progra	2008 um in
RO's sign	ature <u>/</u>	Lulle	1		Date	04/13/2009

ERO Must Retain This Form and the Supporting Documents for three years.

<u>DO NOT SUBMIT THIS FORM TO PENNSYLVANIA DEPARTMENT OR REVENUE</u>

Form	Departn	nent of the Treasury - Internal Revenue Service	<u>ത</u> െ∩0			
		Individual Income Tax Return	<u>2008</u>	(99) IRS Use Only - (o not write or	staple in this space.
Labei Ai		year Jan. 1- Dec. 31, 2008, or other tax year beginning	, 2008, ending	, 20		B No. 1545- 0074
Use the E		VID J CATANZARO ABIDA CATANZARO			Your soci	al security number
IRS label.		UPPER POWDERLY STREET				
Otherwise, E		RBONDALE, PA 18407			Spouse's	social security number
please print or type.					A	ou MUST enter bur SSN(s) above.
Presidential L					Checki	ng a box below will not
Election Camp	aign	Check here if you, or your spouse if filing jointly, w	ant \$3 to go to this fu	ind (see page 14) ▶	Yo	your tax or refund. Spouse
Filing Statu	s 1 2	Single Married filing jointly (even if only one had income	4 📗	Head of household (with	qualifying pe	rson). (See page 15.)
Check only one box.	3	Married filing separately. Enter spouse's SSN above	& full name below.	child's name here. ▶		
*****	6a	X Yourself. If someone can claim you as a dener	5 0	Qualifying widow(er) with	dependent	- Dames of I
Exemptions	b	- The second carrollarity you do a dopoi	ndent, do not check i	box6a		Boxes checked 2
-		Dependents:	(2)	(2) -	· · · · · ·	No. of children on 6c who:
	·	(1) First name Last name	(2) Depender social security n		(4)√if child f	qual. ●lived with you 1
If more	ASH	LEY CATANZARO		DAUGHTER		ccr. • did not live with you due to divorce
than four				DAUGHTER	X	or separation
dependents, see page 17.						Dependents on 6c not
ooo pago 17.					- 	entered above
	d	Total number of exemptions claimed			<u> </u>	Add numbers on lines
	7			<u> </u>		. above - 3
Income					- [" <u>"</u>	
	88	Taxable interest. Attach Schedule B if required .			. 8a	
Attach Form(s)	t	Tax- exempt interest. Do not include on line 8a		8b		
W- 2 here. Also attach Forms		Ordinary dividends. Attach Schedule B if required			9a	
W- 2G and	Ł					
1099- R if tax	10	Taxable refunds, credits, or offsets of state and loc	al income taxes (see	page 22)	10	
was withheld.	11	Alimony received	11			
	12	Business income or (loss). Attach Schedule C or C	12	392.		
	13	Capital gain/(loss). Attach Sch D. If not required, che	ck here		13	
f you did not	14	Other gains or (losses). Attach Form 4797			14	
geta W- 2,	15a	IRA distributions 15a	b Taxabl	eamt	15b	
see page 21.	16a	Pensions and annuities 16a	b Taxable	eamt	. 16b	
	17	Rental real estate, royalties, partnerships, Scorpor	ations, trusts, etc. At	tach Schedule E	17	
Inclose, but do	18	Farm income or (loss). Attach Schedule F			. 18	
ot attach, any ayment. Also,	19	Unemployment compensation			. 19	
lease use	20a	Social security benefits 20a	b Taxable	eamt	20b	
form 1040- V.	21	Other income. List type and amount (see page 28)_			_ /////	
		NOL (5,717.)			21	(5,717.)
	22	Add the amounts in the far right column for lines 7 th	nrough 21. This is you	ır total income	▶ 22	(5,325.)
Adjusted	23	Educator expenses (see page 28)	2	23		-
iross	24	Certain business expenses of reservists, performing	g artists, and			
ncome		fee- basis government officials. Attach Form 2106 c	or 2106- EZ 2	24	_////	
	25	Health savings account deduction. Attach Form 88	892	25	_////	
	26	Moving expenses. Attach Form 3903	2	26		
	27	One- half of self- employment tax. Attach Schedule		27	_////	
	28	Self- employed SEP, SIMPLE, and qualified plans	2	28	_////	
	29	Self- employed health insurance deduction (see pa	ge 29) <u>2</u>	9	_{///	
	30	Penalty on early withdrawal of savings		10	_{////	
		Alimony paid b Recipient's SSN ▶		1a		
	32	IRA deduction (see page 30)			_{////	
			3		_////	
		Tuition and fees deduction. Attach Form 8917	3		- <i>\(\\\\\</i> \\	
		Domestic production activities deduction. Attach Fo				
		Add lines 23 through 31a and 32 through 35		• • • • • • •	. 36	
	37	Subtract line 36 from line 22. This is your adjusted or	rose incomo		▶ 37	(5 325)

Form 1040 (2	2008) .	DAVID J & SHABIDA CATANZARO	344	Page 2
Tax		8 Amount from line 37 (adjusted gross income)	38	(5,325.
and	39	9a Check You were born before January 2, 1944, Blind. Total boxes		(5/525.
Credits		if: Spouse was born before January 2, 1944, Blind. checked ▶ 39a		
		b If your spouse itemizes on a separate return or you were a dual-status alien, see pg 34 & check here 39b		
Standard	\neg	330 L		- آب ا
Deduction	1	C Chack if standard doduction includes and anti-transfer to the control of the co		
for-	L 40	c Check if standard deduction includes real estate taxes or disaster loss (see page 34) 39c	11111	•
People v	vno _	standard deduction (non-concedicty of your standard deduction (see left margin)	40	10,900.
checked a	. 1		41	(16,225.
39a, 39b, c		the state of the s		
39c or who		page 36. Otherwise, multiply \$3,500 by the total number of exemptions claimed on line 6d	42	10,500.
can be	g 43	Taxable Income. Subtract line 42 from line 41. If line 42 is more than line 41, enter - 0	43	0.
dependent			44	0.
see page 3	4. 45		45	
• All others	s: 46		46	
Single or	47	Consider the county to the state of	Tinh	0.
Married filin				
separately, \$5,450	1 .	The art of portaon componeds. Attach to the 2441		
Married filing	49	The state and an accordance of the state of		
jointly or Qualifying	50	30 al		
widow (er),	51	31		
\$10,900 Head of	52	52		
household.	53	410000 10 10000 1 10000		
\$8,000	54	Other credits from Form: a 3800 b 8801 c 54		
	55		55	
	56		56	0.
Other	57		57	
Other	58			
Taxes	59		58	
	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	·
		Additional taxes: aAEIC payments bHousehold employment taxes. Attach Schedule H	60	
	61	Add lines 56 through 60. This is your total tax	61	0.
Payments	62	Federal income tax withheld from Forms W- 2 and 1099 62		
If you have a	63	2008 estimated tax payments and amount applied from 2007 return 63		
qualifying	ົ _Γ 64a	Earned Income credit (EIC) 64a 128.		
child, attach	_ b	Nontaxable combat pay election . 64b		
Schedule El	C.) 65	Excess social security and tier 1 RRTA tax withheld (see page 61) . 65		
	66	Additional child tax credit. Attach Form 8812		
	67	Amount paid with request for extension to file (see page 61)		
	68	Credits from Form: a 2439 b 4136 c 8801 d 8885 68		
	69	First- time homebuyer credit. Attach Form 5405 69		1
	70			
	71	Add lines 62 through 70. These are your total payments		
Defund	72		71	128.
Refund		If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid.	72	128.
Direct deposit? See page 63			73a	128.
and fill in 73b,	▶ b			
73c, and 73d,		Account number		
or Form 8888.	74	Amount of line 72 you want applied to your 2009 estimated tax ▶ 74		
Amount	75	Amount you owe. Subtract line 71 from line 61. For details on how to pay, see page 65 ▶	75	
You Owe	76	Estimated tax penalty (see page 65)	///////	
Third Party	Do you	want to allow another person to discuss this return with the IRS (see page 66)? X Yes. Complete	a the fol	lowing. No
Designee	Design	nee's name Phone no.		Personal ID number
Jesignee	-	R BLOCK ► (570) 282-331		
Sign	Underp	enalties of perjury. I declare that I have examined this return and accompanying schedules and statements, and to the b hey are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which pro-	est of m	PIN) ► 36939
lere	N YOU			
oint return?		The state of the s	aytime	phone number
ee page 15.	Sno	or Info Only-Do not file MUSICIAN	,,,,,,,,	
eep a copy for		ouse's signature. If a joint return, both must sign. Date Spouse's occupation		
our records.		r Info Only-Do not file HOMEMAKER		
aid	Prepare		reparer	's SSN or PTIN
reparer's	signatur	6 4/13/2009 self- employed	•	133052
	Firm's na	ome/or has seen a		3111
	address	and ZIP code CARBONDALE, PA 18407 Phone no.		
040 (2008)				Form 1040 (2008) .
U1/(RIXI)		ED1040-2011-25		

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

► Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.

OMB No. 1545-\$074

2008

Attachment
Sequence No. 09

Department of the Treasury
Internal Revenue Service (99)
Name of proprietor

► Attach to Form 1040, 1040NR, or 1041. ► See Instructions for Schedule C (Form 1040).

Attachme
Sequence
Social security number (SSN)

D	AVID J CATANZARO	Ciai sec	unity numb	BI (3314)	
_		_	nter code from pages C-9, 10, & 11 711510		
C	Business name. If no separate business name, leave blank. DAVID JOSEPH MUSIC			er (EIN), if any	
E					
	City, town or post office, state, and ZIP code CARBONDALE, PA 18407				
F	Accounting method: (1) X Cash (2) Accrual (3) Other (specify) ▶				
G	Did you "materially participate" in the operation of this business during 2008? If "No," see page C-4 for limit on le	sses		. X Yes No	
H				• • •	
1	Gross receipts or sales. Caution. See page C- 4 and check the box if:				
	This income was reported to you on Form W- 2 and the "Statutory employee" box				
	on that form was checked, or	▶ □	1 1	19,651.	
	You are a member of a qualified joint venture reporting only rental real estate				
	income not subject to self- employment tax. Also see page C- 4 for limit on losses.				
2	Returns and allowances		. 2		
3	Subtract line 2 from line 1		. 3	19,651.	
4	Cost of goods sold (from line 42 on page 2)		4		
5	Gross profit. Subtract line 4 from line 3		5	19,651.	
6	Other income, including federal and state gasoline or fuel tax credit or refund (see page C-4)		6		
7	Gross Income. Add lines 5 and 6	. •	7	19,651.	
	Expenses. Enter expenses for business use of your home only on line				
8 9	Advertising			181.	
3	Car and truck expenses (see 19 Pension and profit- sharing plans		19		
10	page C-5)				
11	a vollicios, masimicity, and equipm	ent	20a	-	
12			20b		
13			21	11 012	
			22	11,943.	
			23		
	C-5)			580.	
14	Employee benefit programs b Deductible meals and		24a		
	(other than on line 19) 14 entertainment (see page C-7) .		24b	810.	
15	Insurance (other than health)		25	010.	
16	Interest: 26 Wages (less employment credits)	• • •	26		
а		• • •	-		
b	Other		27	475.	
17	Legal and professional				
	services				
28	Total expenses before expenses for business use of home. Add lines 8 through 27	. ▶	28	19,259.	
29	Tentative profit or (loss). Subtract line 28 from line 7		29	392.	
	Expenses for business use of your home. Attach Form 8829		30		
	Net profit or (loss). Subtract line 30 from line 29.				
	• If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you chec	ed			
	the box on line 1, see page C-7). Estates and trusts, enter on Form 1041, line 3.	}	31	392.	
	• If a loss, you must go to line 32.]			
32	If you have a loss, check the box that describes your investment in this activity (see page C- 8).	7	<u></u>		
	• If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on	1		vestment is at risk.	
	Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions on page C-7).	7 3		e investment is not	
	Estates and trusts, enter on Form 1041, line 3. If you checked 32h, you must attach Form 5109. Your loss may be limited.	J	at ris	n.	
	If you checked 32b, you must attach Form 6198. Your loss may be limited. For Paperwork Reduction Act Notice, see page C-9 of the instructions.		0-1-11	\/F4010\ 0000	
	· · · · · · · · · · · · · · · · · · ·		schedule ((Form 1040) 2008	

Scl	hedule C (Form 1040) 2008 DAVID J CATANZARO Artilit Cost of Goods Sold (see page C-8)		سنط	Page
33	Method(s) used to		her (attach explar	nation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation		Yes	∏ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	. 35	5	
36	Purchases less cost of items withdrawn for personal use	. 36	,	
37	Cost of labor. Do not include any amounts paid to yourself	. 37		
38	Materials and supplies	38	1	
39	Other costs	39	,	
40	Add lines 35 through 39	40	1	
41	Inventory at end of year	41		
42	Control mondo cold Cultural Visual Vi			
Pa	Information on Your Vehicle. Complete this part only if you are claiming car or t line 9 and are not required to file Form 4562 for this business. See the instruction C-5 to find out if you must file Form 4562.	ruck	expenses o	n n page
13	When did you place your vehicle in service for business purposes? (month, day, year) ▶ 3/1/2007	-		
14	Of the total number of miles you drove your vehicle during 2008, enter the number of miles you used your vehicle for:			
а	Business 8510 b Commuting (see instructions) 0 c Other		3490	
15	Was your vehicle available for personal use during off-duty hours?		X Yes	No
6	Do you (or your spouse) have another vehicle available for personal use?	•	Yes	X No
7a	Do you have evidence to support your deduction?	•	X Yes	No
b	If "Yes," is the evidence written?		X Yes	No
	Other Expenses. List below business expenses not included on lines 8-26 or lin	e 30		
.OI	NG DISTANCE PHONE			<u>250.</u>
NI	CERNET USAGE	ŀ		225.
				<u> </u>
48	Total other expenses. Enter here and on page 1, line 27.	48		175

Schedule C (Form 1040) 2008

SCHEDULE SE

(Form 1040)

Self- Employment Tax

OMB No. 1545- 0074

Department of the Treasury Internal Revenue Service

► Attach to Form 1040. ► See Instructions for Schedule SE (Form 1040) Name of person with self-employment income (as shown on Form 1040)

Attachment Sequence No.

DAVID J CATANZARO

Social security number of person

with self-employment income Who Must File Schedule SE

You must file Schedule SE if:

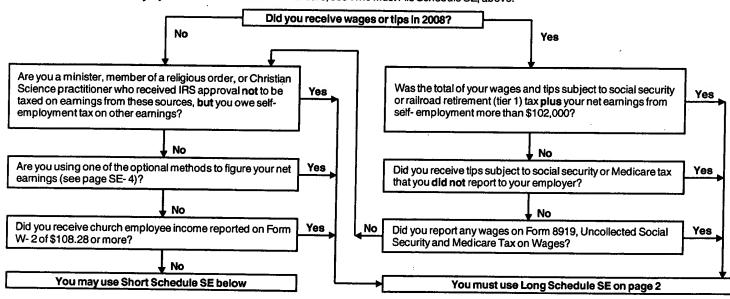
- You had net earnings from self- employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income (see page SE-1).

Note. Even if you had a loss or a small amount of income from self- employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE (see page SE-4).

Exception. If your only self- employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write "Exempt- Form 4361" on Form 1040, line 57.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE, above.



Section A - Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1a Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K- 1 (Form 1065), box 14, code A		
1065), box 14, code A b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve	1a	0.
Program payments included on Schedule F, line 6b, or listed on Schedule K- 1 (Form 1065), box 20, code X	1b	
2 Net profit or (loss) from Schedule C, line 31; Schedule C- EZ, line 3; Schedule K- 1 (Form 1065),		
box 14, code A (other than farming); and Schedule K- 1 (Form 1065- B), box 9, code J1. Ministers		
and members of religious orders, see page SE- 1 for types of income to report on this line. See		
page SE-3 for other income to report	2	392.
3 Combine lines 1a, 1b, and 2	3	392.
4 Net earnings from self- employment. Multiply line 3 by 92.35% (.9235). If less than \$400,		
do not file this schedule; you do not owe self- employment tax	4	362.
5 Self- employment tax. If the amount on line 4 is:		
 \$102,000 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 57. 	j	
 More than \$102,000, multiply line 4 by 2.9% (.029). Then, add \$12,648 to the result. 		
Enter the total here and on Form 1040, line 57	5	
6 Deduction for one- half of self- employment tax. Multiply line 5 by		
50% (.5). Enter the result here and on Form 1040, line 27		

KBA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule SE (Form 1040) 2008

SCHEDULE EIC

(Form 1040A or 1040)
Department of the Treasury

Qualifying Child Information

Earned Income Credit

Complete and attach to Form 1040A or 1040 only if you have a qualifying child.



OMB No. 1545- 0074

2008 Attachment Sequence No. 43

Your social security number

Internal Revenue Service (99)
Name(s) shown on return

DAVID J & SHABIDA CATANZARO

- Before you begin: See the instructions for Form 1040A, lines 40a and 40b, or Form 1040, lines 64a and 64b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
 - Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See separate instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

<u>u</u>	ualifying Child Information	C	child 1	Child 2		
1	Child's name	First name	Lastname	First name	. Last name	
	If you have more than two qualifying children, you only have to list two to get the maximum credit.	ASHLEY CATANZARO)			
2	Child's SSN					
	The child must have an SSN as defined on page 43 of the Form 1040A instructions or page 49 of the Form 1040 instructions unless the child was born and died in 2008. If your child was born and died in 2008 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.					
3	Child's year of birth	Year 2007 If born after 1989 and 4b; go to line	•	Year If born after 1989, and 4b; go to line	•	
ļ	If the child was born before 1990 -					
a	Was the child under age 24 at the end of 2008 and a student?	Yes. Go to line 5.	No. Continue.	Go to line 5.	No. Continue.	
b	Was the child permanently and totally disabled during any part of 2008?	Yes.	No. The child is not a qualifying child.	Yes.	No. The child is not a qualifying child.	
	Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	DAUGHTER				
	Number of months child lived with you in the United States during 2008					
	 If the child lived with you for more than half of 2008 but less than 7 months, enter "7." 	·				
	 If the child was born or died in 2008 and your home was the child's home for the entire time he or she was alive during 2008, enter "12." 	Do not enter mo	12 months re than 12 months.	Do not enter mor	months e than 12 months.	

TIP

You may also be able to take the additional child tax credit if your child (a) was under age 17 at the end of 2008, and (b) is a U.S. citizen, U.S. national, or U.S. resident alien. For more details, see the instructions for line 41 of Form 1040A or line 66 of Form 1040.

KBA For Paperwork Reduction Act Notice, see Form 1040A or 1040 Instructions.

Schedule EIC (Form 1040A or 1040) 2008

PA- 40 - 2008 Pennsylvania Income Tax Return ENTER ONE LETTER OR NUMBER IN EACH BOX. Do Not Use Your Preprinted Label

		•	N	Extension.	
CATANZARO			N	Amended Return.	
DAVID J	·	MUSICIAN HOMEMAKER	R		ent/ P art- Year Resident
CATANZARO 286 UPPER POWDERLY S		IVIILIIAKEK	J	from Single/Married, Filing Filing Separately/ Final Date of death Farmers.	
CARBONDALE	PA 1	8407		School District Name <u>L</u>	AKELAND
570 282 4889	3	5460	4		
1a Gross Compensation. Do not include qualifying retirement benefits. See the	e exempt income, s ne instructions.	such as combat zone pay a	nd	la	0
1b Unreimbursed Employee Business E1c Net Compensation. Subtract Line 1b				lb lc	0
 Interest Income. Complete PA Scheo Dividend and Capital Gains Distributi Net Income or Loss from the Operation 	tions Income. Com	plete PA Schedule B if requ rofession, or Farm.	uired.	3 4	0 0 -418
 Net Gain or Loss from the Sale, Excha Net Income or Loss from Rents, Roya Estate or Trust Income. Complete and Gambling and Lottery Winnings. Con Total PA Taxable Income. Add only 2, 3, 4, 5, 6, 7, and 8. DO NOT ADD an 	alties, Patents, or Co d submit PA Scheo mplete and submit v the positive incom	opyrights. dule J. PA Schedule T. e amounts from Lines 1c,		5 6 7 8 9	0 0 0 0
. 10 Other Deductions. Enter the appropriate the instructions for additional info	riate code for the ty	pe of deduction.	N	70	0
11 Adjusted PA Taxable Income. Subti		ine 9.		11	0
			Ĺ		

Page 1 of 2

FC

0800111148

EC

PA-40-2008 Social Security Number

Name(s) CATANZARO DAVID J & SHABIDA

12	PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).	75	п
13		13	0
] **	, 0
14	Credit from your 2007 PA Income Tax return.	1.4	0
15	2008 Estimated Installment Payments.	15	Ō
16	2008 Extension Payment.	16	Ō
17	Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)	17	Ö
18	Total Estimated Payments and Credits. Add Lines 14, 15, 16, and 17.	18	ō
Tax	Forgiveness Credit. Submit PA Schedule SP.		
	Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased	19a 00	
19b		19b 00	
20	Total Eligibility Income from Part C, Line 11, PA Schedule SP.	20	0
21	Tax Forgiveness Credit from Part D, Line 16, PA Schedule SP.	ži	0
			U
22	Resident Credit. Submit your PA Schedule(s) G-R with your		
	PA Schedule(s) G-S, G-L and/or RK-1.	22	0
23	Total Other Credits. Submit your PA Schedule OC.	23	Ö
24	TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22, and 23.	24	Ö
25	TAX DUE. If Line 12 is more than Line 24, enter the difference here.	25	Ö
.26	Penalties and Interest. See the instructions. Enter Code:	56	ō
	If including form REV- 1630, mark the box.		J
27	TOTAL PAYMENT. Add Lines 25 and 26.	7.7	_
28	OVERPAYMENT. If Line 24 is more than the total of Line 12 and Line 26, enter	27	0
	the difference here.	28	0
	The total of Lines 29 through 35 must equal Line 28.		
29	Refund - Amount of Line 28 you want as a check mailed to you. Refund	29	
30	Credit - Amount of Line 28 you want as a credit to your 2009 estimated account.	30	0
31	Amount of Line 28 you want to donate to the Wild Resource Conservation Fund.	37	0
32	Amount of Line 28 you want to donate to the Military Family Relief Assistance Program.	32	Ö
33	Amount of Line 28 you want to donate to the Governor Robert P. Casey Memorial	33	0
	Organ and Tissue Donation Awareness Trust Fund.	33	
34	Amount of Line 28 you want to donate to the Juvenile (Type 1) Diabetes Cure	34	_
	Research Fund.	J7	0
35	Amount of Line 28 you want to donate to the PA Breast Cancer Coalition's Breast	35	o 1
	and Cervical Cancer Research Fund.		ı j
Signatu	ere(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all panying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.		
	Special designature, in ming jointly	· · · · · · · · · · · · · · · · · · ·	n
<u>- vi</u>	INFORMATION ONLY FOR INFORMATION ONLY	Firm FEIN	Preparer's SSN/PTIN

Page 2 of 2

(570) 282-3311

Date

FOR INFORMATION ONLY

Preparer's Name and Telephone Number

H AND R BLOCK

Preparer's SSN/PTIN

P00133052

Firm FEIN

0903770055

PA Schedule C

Profit or Loss From
Business or Profession
(SOLE PROPRIETORSHIP)
PA-40 C (10-08) (I)
PA DEPARTMENT OF REVENUE 2008 Include with form PA-40, PA-20S/PA-65, or PA-41

OFFICIAL USE ONLY

Name of owner as shown on PA tax return:	Owner's
DAVID J CATANZARO	Social Security Number
A. Main business activity ► MUSICIAN	; productor service MUSIC
B. Business Name ▶ DAVID JOSEPH MUSIC	C. Employer Identification Number
D. Business address (number and street) 286 UPPER POWDERLY	STREET
City, State, and ZIP Code ➤ CARBONDALE, PA 18407	. C
E. Method(s) used to value closing inventory, check the appropriate box:	Sales Tax License Number (if applicable)
(1) X Cost (2) Lower of cost or market	oalos (ar applicable)
(3) Other (if other, attach explanation)	
F. Accounting method, check the appropriate box:	;
(1) X Cash (2) Accrual (3) Other (specify) ▶	Yes No Federal NAICS Code
G. Was there any change in determining quantities, costs, or valuations	X 711510
between opening and closing inventory? If "Yes," attach explanation.	/11510
H. Did you deduct expenses for an office in your home?	
If the business is out of existence, check this box	
EALER HOROTOCO AREAS SOCIO ATTOCCO SE ACCOMENTA CONTRACTOR	
1. a. Gross receipts or sales.	10 65100
b. Returns and allowances	
(1c. 19,65100
Cost of goods sold and/or operations (Schedule C- 1, Line 8) Gross profit (subtract Line 2 from Line 1c)	2. 000
3. Gross profit (subtract Line 2 from Line 1c) 4. Other Income (submit statement) Include interest from accounts receivable, business checking and other business accounts. Also include sales of operational assets. See Instructions Booking.	3. 19,65100
and other business accounts. Also include sales of operational assets. See Instructions Bookl 5. Total income (add Lines 3 and 4)	et
PARICING (and times 5 and 4)	
	The state of the s
6. Advertising	1
7. Amortization	29. Taxes
8. Bad debts from sales or services	30. Telephone
9. Bank charges	31. Travel and entertainment
10. Car and truck expenses	
11. Commissions	33. Wages
12. Cost depletion but not percentage depletion	34. Other expenses (specify):
13. a. Regular depreciation	a. LONG DISTANCE P 25000
13. b. Section 179 expense	b. INTERNET USAGE 22500
14. Dues and publications	C
15. Employee benefit programs other than on Line 23	d
16. Freight (not included on Schedule C-1)	е
17. Insurance:	f
18. Interest on business indebtedness	g
19. Laundry and cleaning	. h
20. Legal and professional services	i.
21. Management fees	j.
22. Office supplies	k.
23. Pension and profit- sharing plans for employees	34. Total other expenses
24. Postage	35. Total Expenses. (add Lines 6 through 34) 20,06900
25. Rent on business property	36. Reduce expenses by the total business
26. Repairs	credits claimed (for example, Employment
27. Subcontractor fees.	Incentive Payments Credit) on your PA-40.
37. Total adjusted expenses (Subtract Line 36 from Line 35)	37. 20,06900
38. Net profit or loss (subtract Ln 37 from Ln 5). If a net loss, check the box. Enter the re-	
- /	TOUU

PA Schedule C PA-40 C (10-08) (I) PA DEPARTMENT OF REVENUE

0803510050

OFFICIAL USE ONLY Name of owner as shown on PA tax return: Social Security Number DAVID J CATANZARO SCHEDULE CONSCION GOODS SHOWN WOOD FROM THE SECOND STATE OF THE SECOND STATE OF THE SECOND SE 1. Inventory at beginning of year (if different from last year's closing inventory, attach explanation) 000 a. Purchases..... b. Cost of items withdrawn for personal use 2c. 4. 6. 7. Inventory at end of year 8. Cost of goods sold and/or operations (subtract Line 7 from Line 6) Enter here and on Part 1, Line 2 · 000 Ediamete de la company de la c PA PIT law does not permit the bonus depreciation elections added to the Internal Revenue Code (IRC) in 2002 and 2003. PA PIT law limits IRC Section 179 current expensing to the expensing allowed at the time you placed the asset into service or in effect under the IRC of 1986 as amended Jan. 1, 1997. For each asset, you must also report straight-line depreciation, unless not using an optional accelerated depreciation method. You need the amount of straight-line depreciation to take advantage of Pennsylvania's Tax Benefit Rule when you sell the asset. See the PA PIT Guide for the Tax Benefit Rule. 1. 2. Less: Section 179 depreciation included in Schedule C-1 2. 3. Balance (subtract Line 2 from Line 1). Enter here and on Part II, Line 13b. 3. Description of property Method of Date acquired Costor Depreciation allowed or Life Depreciation for computing other basis allowable in prior years or rate this year depreciation (a) (b) (c) (d) (e) **(f)** (g) 4. Other depreciation: Furniture and fixtures Transportation equipment ... Machinery & other equipment Other (specify) 5. Totals (add all Line 4 amounts) 5. 6. Any depreciation included in Schedule C-1..... 6. 7. Balance (subtract Line 6 from Line 5). Enter here and on Part II, Line 13a 7.

0803570050

PAGE 2

Form **8867**

(Rev. December 2006)

Department of the Treasury Internal Revenue Service

Paid Preparer's Earned Income Credit Checklist

Do not send to the IRS. Keep for your records.

OMB No. 1545- 1629

For the definitions of the following terms, see Pub. 596 for the year for which you are completing this form. Investment Income Qualifying Child • Earned Income Taxpayer's name ► DAVID J CATANZARO If joint return, spouse's name > SHABIDA CATANZARO Partil All Taxpayers Year after 2005 for which you are completing this form ▶ 2008 Is the taxpayer's filing status married filing separately? Yes X No ► If you checked "Yes" on line 2, stop; the taxpayer cannot take the EIC. Otherwise, continue. Does the taxpayer (and the taxpayer's spouse if filing jointly) have a social security number (SSN) that allows him or her to work or is valid for EIC purposes? See the instructions before X Yes No If you checked "No" on line 3, stop; the taxpayer cannot take the EIC. Otherwise, continue. Is the taxpayer filing Form 2555 or Form 2555- EZ (relating to the exclusion of foreign earned Yes X No If you checked "Yes" on line 4, stop; the taxpayer cannot take the EIC. Otherwise, continue. X No Yes If you checked "Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6. Is the taxpayer's filing status married filing jointly? Yes No If you checked "Yes" on line 5a and "No" on line 5b, stop; the taxpayer cannot take the EIC. Otherwise, continue. Is the taxpayer's investment income more than the limit that applies to the year on line 1? Yes X No If you checked "Yes" on line 6, stop; the taxpayer cannot take the EIC. Otherwise, continue. Could the taxpayer, or the taxpayer's spouse if filing jointly, be a qualifying child of another X No ▶ If you checked "Yes" on line 7, stop; the taxpayer cannot take the EIC. Otherwise, go to Part II or Part III, whichever applies. KBA For Paperwork Reduction Act Notice, see page 4. Form 8867 (Rev. 12-2006)

Information provided by: DAVID J CATANZARO

Information provided in person.

P	m 8867 (Rev. 12-2006) DAVID J CATANZARO Taxpayers With a Child	0.314	Pag
7.50	Caution. If there are two children, complete lines 8 through 14 for one child before	Child 1	Child 2
	going to the next column.		
.8	Child's name	ASHLEY	
9	Is the child the taxpayer's son, daughter, stepchild, foster child, brother, sister,	CATANZARO	
•	a hard made an about the control of	X Yes No	
10	step prother, step sister, or a descendant of any of them? Is either of the following true?	X Yes No	Yes No
-	The child is unmarried, or		
	The child is married and can be claimed as the taxpayer's dependent	X Yes No	
1	Did the child live with the taxpayer in the United States for over half of the	X Yes No	Yes No
	year? See the instructions before answering	X Yes No	
	your obtained distribution of the second sec	A Tes No	Yes No
2	Was the child (at the end of the year on line 1) -	·	
	• Underage 19,		
	Under age 24 and a full- time student (see definition in Pub. 596), or		
	Any age and permanently and totally disabled?	X Yes No	Yes No
	•	A Tes No	Yes No
	▶ If you checked "Yes" on lines 9, 10, 11, and 12, the child is the taxpayer's qualifying		
	child; go to line 13a. If you checked "No" on line 9, 10, 11, or 12, the child is not the		
	taxpayer's qualifying child. If there is more than one child, complete lines 8 through 14		
	for the other child(ren) (but for no more than two qualifying children). If the taxpayer does		
	not have a qualifying child, go to Part III to see if the taxpayer can take the EIC for taxpayers		
	who do not have a qualifying child.		
а	Could any other person check "Yes" on lines 9, 10, 11, and 12 for the child?		l
_	could any other person check res of times 9, 10, 11, and 12 for the Child?	Yes X No	☐ Yes ☐ No
	▶ If you checked "No" on lines 13a, go to line 14. Otherwise, go to line 13b.	İ	
	of the state of th		
ь	Enter the child's relationship to the other person(s)	:	
-	,		
C	If the tiebreaker rules apply, would the child be treated as the taxpayer's	Yes No	Yes No
	qualifying child? See the instructions before answering.	Don't know	
		Don t know	Don't know
	If you checked "Yes" on line 13c, go to line 14. Otherwise, explain to the taxpayer that if both the taxpayer and the other person(s) claim any		
	of the six tax benefits listed on page 4, the IRS will apply the tiebreaker		
	rules, and the taxpayer's benefits may be disallowed. Then, if the		
	taxpayer wants to take the EIC based on this child, complete lines 14 and 15. If not, and there are no other qualifying children, the taxpayer		
	cannot take the EIC, including the EIC for taxpavers without a qualifying		
	child; do not complete Part III. If there is more than one child, complete		
	lines 8 through 14 for the other child(ren) (but for no more than two qualifying children).		
	Does the qualifying child have an SSN that allows him or her to work or is valid		
	for EIC purposes? See the instructions before answering		
	To purposes 7 See the instructions before answering	X Yes No	∐ Yes
	If you checked "No" on line 14, the taxpayer cannot take the EIC based on		
	this child and cannot take the EIC for taxpayers who do not have a qualifying		
	child. If there is more than one child, complete lines 8 through 14 for the other		
	child (ren) (but for no more than two qualifying children). If you checked "Yes"		
	on line 14, continue.		
	Ara tha tayaayada aaraad la aaraa da dhaa ahaa dhaa dhaa ahaa dhaa ahaa dhaa dhaa dhaa dhaa ahaa dhaa	A. REMANDE ON R	
	Are the taxpayer's earned income and adjusted gross income each less than the		
	limit that applies to the taxpayer for the year on line 1? See Pub. 596 for the limit		X Yes No
	If you checked "Ne" on line 15 stee the territory		WHO CAUTIONS
	If you checked "No" on line 15, stop; the taxpayer cannot take the EIC.		
	If you checked "Yes" on line 15, the taxpayer can take the EIC.		
	Complete Schedule EIC and attach it to the taxpayer's return. If there		
	are two qualifying children with valid SSNs, list them on Schedule EIC in		
	the same order as they are listed here. If the taxpayer's EIC was reduced or		新加州的
	disallowed for a year after 1996, see Pub. 596 to see if Form 8862 must be		TOTAL SECTION
	filed. Go to line 20.		
			THE REAL PROPERTY.

Partill Taxpavers Without a Qualifying Child

16	Was the taxpayer's main home, and the main home of the taxpayer's spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period. See Pub. 596.)	. Yes	No
	► If you checked "No" on line 16, stop; the taxpayer cannot take the EIC. Otherwise, continue.		
17	Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of the year on line 1?	. Yes	□No
	► If you checked "No" on line 17, stop; the taxpayer cannot take the EIC. Otherwise, continue.		
18	Is the taxpayer, or the taxpayer's spouse if filing jointly, eligible to be claimed as a dependent on anyone else's federal income tax return for the year on line 1?	. Yes	No
	▶ If you checked "Yes" on line 18, stop; the taxpayer cannot take the EIC. Otherwise, continue.		
19	Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for the year on line 1? See Pub. 596 for the limit	Yes	No
	▶ If you checked "No" on line 19, the taxpayer cannot take the EIC. If you checked "Yes" on line 19, the taxpayer can take the EIC. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to find out if Form 8862 must be filed. Go to line 20.		
120	Due Diligence Requirements		
20	Did you complete Form 8867 based on information provided by the taxpayer or reasonably obtained by you?	X Yes	No
21	Did you complete the EIC worksheet found in the Form 1040, 1040A, or 1040EZ instructions (or your own worksheet that provides the same information as the 1040, 1040A, or 1040EZ worksheet)?	X Yes	No
22	Did you comply with knowledge requirements? (To comply with the knowledge requirements, you must not know or have reason to know that any information used to determine the taxpayer's eligibility for, and the amount of, the EIC is incorrect. You may not ignore the implications of information furnished to or known by you, and you must make reasonable inquires if the information furnished appears to be incorrect, inconsistent, or incomplete.)	X Yes	□No
23	Did you keep the following records? Form 8867 (or your own form or files), The EIC worksheet(s) or your own worksheet(s), and A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained	X Yes	П.,
	If you checked "Yes" on lines 20, 21, 22, and 23, and keep the records described on line 23 for 3 years (see instructions), you have complied with all the due diligence requirements.	A res	No
	If you checked "No" on lines 20, 21, 22, or 23, you have not complied with all the due diligence requirements and may have to pay a \$100 penalty for each failure to comply.		

General Instructions



Do not use this form for a year before 2006. Instead, use the November 2002 version of the form for years after 2001 but before 2006.

Purpose of Form

Paid preparers of federal income tax returns or claims for refund involving the earned income credit (EIC) must meet the due diligence requirements in determining if the taxpayer is eligible for, and the amount of, the EIC. Failure to do so could result in a \$100 penalty for each failure. See Internal Revenue Code section 6695 (g) and Part IV of this form.

Specific Instructions

Line 2

If the taxpayer was married at the end of the year, he or she must usually file a joint return to take the EIC. However, if the taxpayer and his or her spouse did not live together for the last 6 months of the year, the taxpayer may be eligible to use the head of household filing status. See Pub. 501 for details.

Line 3

For purposes of taking the EIC, an SSN issued by the Social Security Administration (SSA) is not valid if "Not Valid for Employment" is printed on the social security card and the number was issued solely to apply for or receive a federally funded benefit. Any other SSN issued by the SSA is valid for EIC purposes. You may find it useful to look at the social security card.

	Final Ea	arned Income 1	ax Retui	'n		
TAXING AUTHORITY OF RESIDENCE: FL	ORENCE L	ARKIN				
CITY, TWP, OR BORO: CARBONDALE	TWP				Tax Year: 200	0
SCHOOL DISTRICT: LAKELAND					Tax Rate: 0.5	
TAXPAYER: CATANZARO DAVID	J			SS#: 	7 <u>0</u>	000
CATANZARO SHABI	DA			SS#:		
ADDRESS: 286 UPPER POWDE	RLY STREE	ET				
CARBONDALE PA 1	8407					
Has Taxpayer Address Changed?: Yes Check if this is a First Time Filing▶	X No					
LEGAL RESIDENCE FOR THIS TAX YEAR (I	FCHANGED WIT	H. IN THE VEAR).				
TAXPAYER		- IN THE TEXTS.			No. n	nonths
SPOUSE						
				TAXPAYER	SPOUS	SE
1. WAGES, TIPS AND OTHER COMPENSAT	TION		\$	9	\$	
=: FEOOYFEOAYPEE DOSIMESS EXPENSI	EO		\$():	\$	
3. SUB- TOTAL (LINE I FROM LINE 2)			\$	0 00 9	\$	0.0
- OHILL INVODED ENVIRENTIAL OWE (IDE	SOURCE)S		\$	
4. COD TOTAL (LINES PLUS LINE 4)			S		t	
o. NET LOSS PHOM BUSINESS (Sch. C, E, I	For K-1)		\$1	418 00)9	Б	
1. COD- TO TALOF INCOMENDITIESS THAN	ZERO)		S	9	6	
8. NET PROFIT FROM BUSINESS		• • • • • • • • • • • • • • • • • • • •	\$			
9. TOTAL EARNED INCOME & NET PROFIT	r		\$	\$	}	
10. TAXLIABILITY	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	\$	\$		
11. LOCAL WAGE TAX WITHHELD (Per W- 2's	·1		'_	_		
12. QUARTERLY PAYMENTS TAX	リ PΔVED	SPOUSE	\$	\$		
					•	
1st Quarter2nd Quarter						
3rd Quarter						
-ui Quartei			 \$	\$		
13. CREDITS FROM LAST YEAR			— <u> </u>			
I THE CHEDITS			1.5	¢		
15. TOTAL TAX CREDITS (Add lines 11, 12, 13	& 14)		s	\$		
16. TOTAL CREDITS AGAINST TAX	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	\$	\$		
17. TAX REFUND DUE (If line 16 is greater than	line 10)		\$	\$		*
16. TAX DUE (If line 10 is greater than line 16)			-			•
TAXP	PAYER	SPOUSE	\$	\$		
INTEREST DUE						
			_			
TOTAL AMOUNT OF INTEREST AND PENA	LIYDUETOLO	CAL	\$	\$		
14E1 1AX DOE			. \$	\$		
NET REFUND	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	\$	\$		
	Data		• ,	•	- .	i
SIGNATURE (TAXPAYER)	Date	SIGNATUR	E (000:10=)		Date	
Make Checks Payable to:		SIGNATUR	= (3PUUSE)			ł
,		III. III. III. III. III. III. III. III	··			
PREPARED BY: H&R BLOCK						
ZIPCode 18407 Date 04/13	/2009					
			_			ĺ

				arned Income Ta	x Retu	rn ·		
- [TAXING A	UTHORITY OF RESID	ENCE: DON WILKI	NSON				
	CITY, TWF	ORBORO:CARB	ONDALE TWP				Tax Year:	2008
	SCHOOL	DISTRICT: LAKEL	AND			_		0.5000
	SPOUSE	CATANZARO	DAVID J			SS#:)
	SFUUSE.	CATANZARO	SHABIDA			SS#:)
	ADDRESS.	200 UPPER	POWDERLY STRE	EET	· · · · · · · · · · · · · · · · · · ·			
		CARBONDALI						
	Has Taxpay Check if this	ver Address Changed s is a First Time Filing	?: Yes X No	۸				
'	LEGAL RES	SIDENCE FOR THIS T	AXYEAR (IF CHANGED W	ITH- IN THE YEAR):				No. months
	TAXPAYE	R					i <u> </u>	
	SPOUSE						• • • • • •	
						TAXPAYER		SPOUSE
1.	. WAGES,	TIPS AND OTHER C	OMPENSATION	••••••	\$		\$	
I ~	• LL007L	COMVER DOSIMES	S EXPENSES		\$1	1	œ.	
, ,			NEZ)		•		\$	0.0
	• • • • • • • • • • • • • • • • • • • •	LACTORE THE HALL HA	COME (IDENTIFY SOURC	E	2.6		\$	
			1 ⊆ 7/		SS .		\$	
7.	SUB-TO	TAL OF INCOMENO	(SCI. O, E, FOR N- 1)	• • • • • • • • • • • • • • • • • • • •	\$(418.00	\$	
	•	THE STATE OF THE S	LEGG IT AN ZEHO)	·····	S		\$	
11.	LOCAL W	/AGETAXWITHHELD	P(Per W- 2's) TAXPAYER	SPOUSE	ቑ		<u> </u>	
	3rd Quarte	er			- - -			·
13.	CREDITS	TROMIASTYFAR			- \$	\$	·	
14.	OTHER TA	AXCREDITS (-	•••••••		. \$	\$	· ———	
15.	TOTAL TA	X CREDITS (Add line	s 11, 12, 13 & 14)		-)\$	\$		
				•••••				
17.	TAXREFU	IND DUE (If line 16 is g	reater than line 10)	• • • • • • • • • • • • • • • • • • • •	. \$	\$		
10.	IAX DUE (If line 10 is greater tha	iriirie ro)					
	INTEREST	DUE	TAXPAYER	SPOUSE	\$	\$		<u> </u>
	PENALTY	DUE			•			
	TOTALAM	OUNT OF INTEREST	AND PENALTY DUE TO LO	OCAL		_		i
	NET TA	X DUE	AND LIVELINGS TO EC		· *	\$		
	NETRE	FUND		••••••	· 💲 ———	\$		
				••••••	· • ——	Φ		
			Date				Date	
		IAAPATEH)		SIGNATURE (SPOUSE)			
Mak	e Checks P	ayable to:						
		: H&R BLOCK		• -				
ZIP(∪ode <u>18</u>	407 Date	04/13/2009					

OFFICE COPY Signature Required

Peace of Mind® Extended Service Plan Terms, Conditions and Limitations

SATISFACTION

If for any reason you are not satisfied with the terms of this Plan and want to rescind this Plan, you may obtain a full refund of the fee you paid for the Plan provided that within seven (7) days from the date of purchase you contact the manager of the H&R Block office where your tax return was prepared and provide at that office the receipt for such payment.

REVIEW

Peace of Mind® Extended Service Plan ("Plan") provides the following benefits with respect to individual resident federal, state and local returns prepared and paid for on the date you sign this document:

- If additional taxes are assessed due to H&R Block's error, H&R Block will pay you an amount up to \$5,000.00 for your payment of the additional tax assessment, subject to the terms and conditions outlined in this agreement.
- H&R Block's payment is for additional tax assessments made within 3 years from the filing deadline of your return, not including extensions.
- You are responsible for providing payment of additional taxes to the tax authority.
- H&R Block will provide a qualified person (but not an attorney) to represent you at an audit if the accuracy of your return is questioned. You may not even have to attend.
- Any dispute arising between you and H&R Block will be settled through binding arbitration as provided in the arbitration provision of this Plan and the Client Service Agreement.

In order to be eligible to receive payment, you must:

- Notify H&R Block of any tax authority inquiry within 60 days of the date of the initial notice.
- Provide your tax professional with complete and correct information for the preparation of your return prior to filing and acceptance by the IRS.
- · Comply with all other requirements set forth in this Plan.

Not all returns are covered by the Plan.

If you are not satisfied and want to rescind the Plan, you can notify the district manager of the H&R Block office where your tax return was prepared within 7 days and receive a full refund of the **Peace of Mind** fee paid.

My/our signature(s) below confirms that I/we understand and voluntarily agree to the terms, conditions and disclosures presented in this Plan, INCLUDING THE REQUIREMENT THAT ANY DISPUTE BETWEEN ME/US AND H&R BLOCK BE SETTLED THROUGH BINDING ARBITRATION.

Client's Name(s): DAVID J & SHABIDA CATANZARO	
Extended Service Plan Accepted Extended Service Plan Declined x	/_å
Client's Signature:	Date: $9-13-09$
Spouse Signature:(If married and Spouse is present, Spouse must also sign.)	Date:
Tax Professional Signature:	Date: $4 - 13 - 09$
Interest Income: Yes No _X	

POM Regular (2008)

Form **8879**

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ Do not send to the IRS. This is not a tax return. ► Keep this form for your records. See instructions.

OMB No. 1545-0074

Form 8879 (2009)

00-230662--0 Declaration Control Number (DCN) Taxpayer's name Social security number DAVID J CATANZARO Spouse's name Spouse's social security number SHABIDA CATANZARO Part II Tax Return Information - Tax Year Ending December 31, 2009 (Whole Dollars Only) Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4) 554 Total tax (Form 1040, line 60; Form 1040A, line 37; Form 1040EZ, line 11) Federal income tax withheld (Form 1040, line 61; Form 1040A, line 38; Form 1040EZ, line 7) Refund (Form 1040, line 73a; Form 1040A, line 46a; Form 1040EZ, line 12a; Form 1040- SS, Part I, line 13a) 180. Amount you owe (Form 1040, line 75; Form 1040A, line 48; Form 1040EZ, line 13) Part III Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2009, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return Part labove are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or returnd, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate any ACH electronic funds withdrawall (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal faxes owned on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future rederal fax payments better the debited through the Electronic Federal Tax Payment System (EFTPS). The erder for me to initiate future payments, I request the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the navment (settlement) date. Talson a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquires and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only X lauthorize HR BLOCK 13006 to enter or generate my PIN **ERO firm name** Enter five numbers, but as my signature on my tax year 2009 electronically filed income tax return. do not enter all zeros I will enter my PIN as my signature on my tax year 2009 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature ▶ __ Spouse's PIN: check one box only X lauthorize HR BLOCK o enter or generate my PIN 16730 ERO firm name as my signature on my tax year 2009 electronically filed income tax return. Enter five numbers, but do not enter all zeros I will enter my PIN as my signature on my tax year 2009 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. COPY ONLY Spouse's signature ▶ __ Date ▶ 01/15/2010 Practitioner PIN Method Returns Only - continue below Certification and Authentication - Practitioner PIN Method Only Part III ERO's EFIN PIN. Enter your six- digit EFIN followed by your five- digit self- selected PIN. 23066200912 do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the tax year 2009 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e- file Providers of Individual Income Tax Returns. ERO's signature ▶ Date ▶ 01/15/2010 **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So KBA For Paperwork Reduction Act Notice, see page 2 of form.

Form PA-	8879	Pennsylvai	nia e-tile Si	gnature Authori	zation	2009
Declaration	Control Numb	per (DCN)				
Taxpayer's					Social Socur	ib . N
	ZARO DA	VID J			Social Secur	ty Number
Spouse's N			· · · · · · · · · · · · · · · · · · ·		Spouse's So	cial Security Number
CATANZ	ZARO SH	ABIDA			· Spease s co	star Security Number
PART I	Tax Retu	urn Information - Tax \	ear Ending Dec.	31, 2009 (Whole dollar	ars only)	
	1. Adjuste	ed PA Taxable Income (Form PA	A- 40, Line 11)			46:
	2. PA Tax	Liability (Form PA- 40, Line 12)		j) \ /	2.	14
	3. Total P	A Tax Withheld (Form PA 40, Li	nie 13)		3.	
	4. Refund	(Form PA- 40, Line 29)			4	·
		ayment (Tax Due) (Form PA- 40,	<u> </u>		5	(
PART II	Declarati	on and Signature Auth	orization of Taxp	ayer		
within the Ur if applicable Taxpayer	nited States or , my electronic 's Persona	nswer inquiries and resolve is sub one of its territories. I have select funds withdrawal consent.	ted a personal identific	ation number as my signature	naw are onginating t for my electronic inc	om an account ome tax return and,
	orize HR B ar 2009 electron	100k nically filed income tax return.		to enter my PIN 1300	6	as my signature on my
l willer		my signature on my taxyear 200	9 electronically filed in		Da	te <u>01/15/2010</u>
Spouse's	PIN: (che	ck one box only)				
	rize HR B . r 2009 electror	lock nically filed income tax return.	-	to enter my PIN 1673	0	as my signature on my
		my signature on my tax year 200		945		
Spouse's	signature_	Practitioner PIN	COPY ON	ants Only - Continue	*	te <u>01/15/2010</u>
PART III	Certificati	on and Authentication				
As a parti electronic	cipant in the Pr ally filed incom ce with the req	your six- digit EFIN followed by actitioner PIN Program, I certify the tax return for the tax payer(s) is uirements established for this p	the above numeric entr ndicated above. I confi	y is my PIN, which is my signa	ture on the tax year 2 actitioner PIN Progra	2009 m in e 01/15/2010
				\ 		· <u>v-//-</u>

ERO must retain this form and the supporting documents for three years.

DO NOT SUBMIT THIS FORM TO THE PENNSYLVANIA DEPARTMENT OR REVENUE.

Form	epartm	ent of the Treasury - Internal Revenue Service	മെക്ക			
		Individual Income Tax Return	Z003	_ (99) IRS Use Only - D	o not w rit	e or staple in this space.
Label L	Forthe	year Jan. 1- Dec. 31, 2009, or other tax year beginning	, 2009, ending	, 20		OMB No. 1545- 0074
(See inst on pg 14.)	DAV	/ID J CATANZARO			Yours	ocial security number
Use the L	SHA	ABIDA CATANZARO			1	
IRS label. H	286	UPPER POWDERLY STREET			Spous	e's social security number
Otherwise, E	CAF	RBONDALE, PA 18407			8	
please print R or type.				,	<u> </u>	You must enter your SSN(s) above.
Presidential L					Checkir	ng a box below will not change your tax or retund.
Election Camp						You Spouse
Filing Status	s 1	Single	college and the last section	The second second		g person). (See page 15.)
Observation		Married filing jointly (even if only one had income)		the qualitying person is a ch	ild but no	t your dependent, enter this
Check only one box.	3	Married filing separately Enter spouse's SSN above a		hild's name here. ▶		
	6a	X Yourself. If someone can claim ourse a depend	3 / 5 / (Qualitying widow(er) with	depend	T Boyco ob columb
Exemptions	b		ent, do not check t	oox6a		on 6a and 6b
If more		Dependents:	(2) Dependen	utio (3) Dependentie	Va	No. of children on 6c who:
than four	•	(1) First name Last name	social security n	umber relationship to	l ch	if qual. elived with you 2 hild for did not live with you
dependents,	ASH	LEY CATANZARO		DAUGHTER	chil	d tax cr. due to divorce or separation
see page 17 and check		H CATANZARO		DAUGHTER		(see page 18)
here ▶					_	on 6c not
_						entered above ————————————————————————————————————
	d	Total number of exemptions claimed	OF ANY . VA			on lines 4
	7	Wages, salaries, tips, etc. Attach Form (s) W. 2				
income			22 / 277	1/	_ ″7	·"
	88	Taxable interest. Attach Schedule Birrequired	. [6]		. 8	a
Attach Form(s)	Ŀ			86		
W- 2 here. Also attach Forms		Ordinary dividends. Attach Schedule Bif required			. 9	1
W- 2G and	b	Qualified dividends (see page 22)		9b	///	
1099- R if tax was withheld.	10	Taxable refunds, credits, or offsets of state and local	income taxes (see	page 23)	. 10)
was withineld.	11	Alimony received			. 11	
	12	Business income or (loss). Attach Schedule C or C-	EZ		_ 12	596.
	13	Capital gain or (loss). Attach Schedule D if required.		▶L	_ _13	
f you did not	14	Other gains or (losses) Attach Form 4797	A LA		. 14	
get a W- 2, see page 22.	15a 16a		b Taxabi		. 15	
see page 22.	17	Pensions and amuities 16 16 Rental real estate, royalties; partnerships, Scorporat	b Taxabl		. 16	
Enclose, but do	18	ACCOUNT TO THE PARTY OF THE PAR	ons, trusts, etc. Ar	tach schedule/E	. 17	
not attach, any	19	Unemployment compensation in excess of \$2,400 pe			. 18	
oayment. Also, olease use		Social security benefits 20a	- 1	e amt (see page 27)	201	
Form 1040- V.	21	Other income. List type and amount (see page 29)		odini(occpage 27)		
					21	
	22	Add the amounts in the far right column for lines 7 three	ough 21. This is you	r total income	▶ 22	
National and	23	Educator expenses (see page 29)		23		
Adjusted Gross	24	Certain business expenses of reservists, performing	artists, and	3.3		
ncome		fee- basis government officials. Attach Form 2106 or	2106- EZ 🦪 🔝	24	_////	
liconie	25	Health savings account deduction. Attach Form 888		25	_////	
	26	Moving expenses. Attach Form 3903	1 13.20	26	_////	
•	27	One- half of self- employment tax. Attach Schedule S	E.L	42	·///	
	28	Self- employed SEP, SIMPLE, and qualified plans		28	_\{///	
	29	Self- employed health insurance deduction (see page		29	_{///	3
	30	Penalty on early withdrawal of savings	i.	80	-{///	3
		Alimony paid b Recipient's SSN ▶		1a	-{///	
	32 33	IRA deduction (see page 31)	· · · ·	2	-\{\//	4
		Student loan interest deduction (see page 34) Tuition and fees deduction. Attach Form 8917	· · · · -	3	-{////	a
				4	-\///	
		Domestic production activities deduction. Attach Forr Add lines 23 through 31a and 32 through 35		5	_{////	1
		Subtract line 36 from line 22. This is your adjusted are	· · · · ·		. 36	42.
	~,	SUBSTRUCTORS OF HOLL BUILDING AND IS VOUIT STATISTED AFF	es incoma			. ~ ~ //

Form 1040 (2	009) D	AVID J & SHABIDA CATANZARO		Page 2
Tax and	38	Amount from line 37 (adjusted gross income)	. 38	554.
Credits	398	Check You were born before January 2, 1945, Blind. Total boxes	1111	334.
	_	if: Spouse was born before January 2, 1945, Blind. checked ▶ 39a		
Standard) t	If your spouse itemizes on a separate return or you were a dual- status alien, see pg 35 & check here 39b	<i>⊤′////</i>	
Deduction		330 L	7 <i>[[[[]</i>	
for-	40a	Heaveland deducations (from Cabada I. A)	(////	~
• People w	no		. 40a	11,400.
check any box on line	"	If you are increasing your standard deduction by certain real estate taxes, new motor	, '	,
39a, 39b, or		vehicle taxes, or a net disaster loss, attach Schedule L and check here (see page 35) ▶ 40b]	
40b or who	41	Subtract line 40a from line 38	. 41	(10,846.
can be	42	Exemptions. If line 38 is \$125,100 or less and you did not provide housing to a Midwestern		
dependent		displaced individual, multiply \$3,650 by the number on line 6d. Otherwise, see page 37.	. 42	14,600.
see page 35	5. 43	Taxable income. Subtract line 42 from line 41 frue 42 is more than line 41, enter - 0-	43	0.
• All others	. 44	Tax (see page 37). Check if any tax is from: a Form(s) 8814 b Form 4972	44	0.
Single or	45	Alternative minimum tax (see page 40) Attach Form 6251	45	
Married filing separately,	46	Add lines 44 and 45	·	
\$5,700	47		46	0.
Married filing			- <i>{////</i> }	
jointly or Qualifying		Credit for child and dependent care expenses. Attach Form 2441 48		
widow(er),	49	Education credits from Form 8863, line 29	- <i>V///</i> /	
\$11,400 Head of	50	Retirement savings contributions credit. Attach Form 8880 50 •		
household,	51	Child tax credit (see page 42)		
\$8,350	52	Credits from Form: a 8396 b 8839 c 5695 52		
	53	Other credits from Form: a 3800 b 8801 c 53		
	54	Add In 47 through 53. These are vountotal credits	54	
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter - 0-	55	0.
Other	56	Self- employment tax. Attach Schedule SE	56	84.
	57	Unreported social security and Medicare tax from Form a 4137 b 8919	57	04.
Taxes	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59	Additional taxes: a AEIC payments b Household employment taxes. Attach Schedule H		
	60	Add lines 55 through 59. This is your total tax	59	
Payments	61	Federal income tax withheld from Forms W-2 and 1099 61	60	84.
rayineiiis	62		<i>-{////</i> }	
	63		<i>-{////</i> }	
If you have a		Making work pay and government retiree credits. Attach Sch M	<i>-{////</i> }	
qualifying child, attach		Nestavable	<i>*///</i> //	
Schedule El		Nontaxable compatibated and the second at th		
·		Additional child tax credit: Attach Form 8812	<i>\$///</i>	
	66	Refundable education credit from Form 8863, line 16		
	0/	First-time nomebuver credit: Attach Form 5405 KM WARM WALL 67 1867 RM		
	68	Amount paid with request for extension to file (see page 72)		
		Excess social security and tier 1 RRTA tax withheld (see page 72) 69		
	70	Credits from Form: a 2439 b 4136 c 8801 d 8885 70		
·	71	Add lines 61, 62, 63, 64a, and 65 through 70. These are your total payments	71	264.
Refund	72	If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid	72	180.
Direct deposit?		Amount of line 72 you want refunded to you. If Form 8888 is attached, check here	73a	180.
See page 73 and fill in 73b,		Routing number		
73c, and 73d.	▶ d	Account number		
or Form 8888.	74	Amount of line 72 you want applied to your 2010 estimated tax 74		
Amount	75	Amount you owe. Subtract line 70 from line 60 For details on how to pay see page 74	75	
You Owe	76	Estimated tax penalty (see page 74) 76		
Chinal Doub				lleurine at a
Third Party				_
Designee	_			Personal ID number
Sign	Underpe	BLOCK (570) 282-33 nalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the	T T	(PIN) ► 36939
lere	belief, th	nalties of perjury. I declare that I have examined this return and accompanying schedules and statements, and to the ey are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which signature		
oint return?		Tour occupation	Daytime	phone number
ee page 15.	Coo	r Info Only-Do not file MUSICIAN use's signature. If a joint return, both must sign. Date Spouse's occupation	mm	
eep a copy for				
our records.		Info Only-Do not file HOMEMAKER		
	Preparer signature	The children is the control of the children in	Preparer	's SSN or PTIN
reparer's		1/15/2010 self- employed	P00:	133052
lse Only		elf- employed). A RID R BLOCK EIN 2.	3-222	23111
		and ZIP code / CARBONDALE, PA 18407 Phone n	o.(57(0) 282-3311
040 (2009)		ED1040, 2V.1.2E		Form 1040 (2009)

SCHEDULE C (Form 1040)

Department of the Treasury

Profit or Loss From Business

(Sole Proprietorship)

► Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.

Attachment Sequence No. 09

Schedule C (Form 1040) 2009

OMB No. 1545-0074

Attach to Form 1040, 1040NR, or 1041. See Instructions for Schedule C (Form 1040). Internal Revenue Service (99) Name of proprietor Social security number (SSN) DAVID J CATANZARO A Principal business or profession, including product or service (see page C-2 of the instructions) B Enter code from pages C-9, 10, & 11 MUSICIAN : MUSIC **▶** 711510 Business name. If no separate business name, leave blank. D Employer ID number (EIN), if any DAVID JOSEPH MUSIC Business address (including suite or room no.) > 286 UPPER POWDERLY STREET City, town or post office, state, and ZIP code CARBONDALE, PA 18407 (1) X Cash (2) Accrual (3) Accounting method: ___ Other (specify) G Did you "materially participate" in the operation of this business during 2009? If No. see page C3 for limit on losses. If you started or acquired this business during 2009, check here Partil Income Gross receipts or sales. Caution. See page C- 4 and check the box if: This income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, or 23,436. You are a member of a qualified joint venture reporting only rental real estate income not subject to self- employment tax. Also see page C-3 for limit on losses. Returns and allowances 5,000. Subtract line 2 from line 1 3 18,436. Cost of goods sold (from line 42 on page 2) 4 Gross profit. Subtract line 4 from line 3 18,436. 5 Other income, including federal and state gasoline or fuel tax credit or refund (see page C-6 Gross income, Add lines 5 and 6 18,436. Expenses. Enter expenses for business use of your home only on line 30. Advertising 8 7,469. 18 Office expense . . . 1,473. 18 9 Car and truck expenses (see 19 Pension and profit-sharing plans. 19 page C-4) . . . Q 2,365 20 Rent or lease (see page C- 6): 10 Commissions and fees 10 1,254 Vehicles, machinery, and equipment . 20a 11 Contract labor (see page C-4) 11 Other business property 20b 12 Depletion 1121 Repairs and maintenance. 21 13 Depreciation and section 179 Supplies (not included in Part III) 22 1,746. expense deduction (not Taxes and Icenses 23 included in Part III) (see page l, meals, and entertaining 13 1,368. 24a 14 Employee benefit programs Deductible meals and (other than on line 19) . . . entertainment (see page C-6). 24b 135. 15 Insurance (other than health). 15 25 16 interest: 26 Wages (less employment credits) . 26 а Mortgage (paid to banks, etc.) 16a 27 Other expenses (from line 48 on b Other 16b page 2) . 27 1,910 17 Legal and professional 17 28 Total expenses before expenses for business use of home. Add lines 8 through 27 17,840. 28 29 Tentative profit or (loss). Subtract line 28 from line 7 596. 29 30 Expenses for business use of your home. Attach Form 8829 30 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see page C-7). Estates and trusts, enter on Form 1041, line 3. 31 596. If a loss, you must go to line 32. 32 If you have a loss, check the box that describes your investment in this activity (see page C-7). If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on All investment is at risk. Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions on page C-7). 32b Some investment is not Estates and trusts, enter on Form 1041, line 3. atrisk. If you checked 32b, you must attach Form 6198. Your loss may be limited.

KBA For Paperwork Reduction Act Notice, see page C-9 of the Instructions.

	edule C (Form 1040) 2009 DAVID J CATANZARO			Page
	Cost of Goods Sold (see page C-8)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c		her (attach explan	4! 1
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory?	0	ner (allach explan	ialionj
	If "Yes," attach explanation		• Yes	
			. —	
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	. 3	5	
36	Purchases less cost of items withdrawn for personal use	1 2		
	The state of the s	. 3	'	
37	Cost of labor. Do not include any amounts paid to yourself	. 37	7	
	Materials and supplies			
38	Materials and supplies	. 38	3	
39	Other costs	39		
		- 1		
40	Add lines 35 through 39	40		
44	Inventory of and of year			
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42	,]	
Pa	Information on Your Vehicle. Complete this part only if you are claiming car or	ruck	expenses o	n
	line 9 and are not required to file Form 4562 for this business. See the instruction	ons	for line 13 or	n page
	C-5 to find out if you mustable Form 4562		· 	
43	When did you place your vehicle in service for business purposes? (month, day, year)			
	William you place your verticle in service for adsigness purposes: (month-pday, year)			
44	Of the total number of miles you drove your vehicle during 2009, enter the number of miles you used your vehicle for:			
а	Business b Commuting (see instructions) 0 c Other		9200	
45	Was your vehicle available for personal use during off- duty hours?		. X Yes	□No
		• •	🔼 163	140
46	Do you (or your spouse) have another vehicle available for personal use?		Yes	X No
470			E-7	
47a	Do you have evidence to support your deduction?	•	X Yes	∐_ No
	If "Yes," is the evidence written?		X Yes	No
Pa	Other Expenses. List below business expenses not included on lines 8-26 or lin	e 30).	
	10 DT (M) 10 DT (A)			
TOI	IG DISTANCE PHONE			65.
INT	ERNET USAGE		1	225.
PHO	NE CARDS			200.
PA G	TAL AND SHIPPING			
- 0.	TAD AND SHIPPING		1,	<u>420.</u>
				
8	Total other expenses. Enterhance and an near 4 time 27	ا ـ ,		
_	Total other expenses. Enter here and on page 1, line 27	48		910.

Schedule C (Form 1040) 2009

SCHEDULE SE

(Form 1040)

Self-Employment Tax

OMB No. 1545- 0074

Department of the Treasury Internal Revenue Service (99)

► Attach to Form 1040. ► See Instructions for Schedule SE (Form 1040).

Name of person with self-employment income (as shown on Form 1040)

DAVID J CATANZARO

Social security number of person with self- employment income ▶

Who Must File Schedule SE

You must file Schedule SE if:

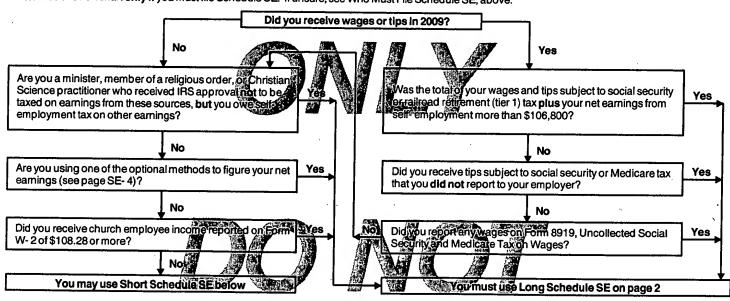
- You had net earnings from self- employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income (see page SE-1)

Note. Even if you had a loss or a small amount of income from self, employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE (see page SE 4)

Exception. If your only self- employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write "Exempt- Form 4361" on Form 1040, line 56.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE, above.



Section A - Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1a	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A		1a	0.
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve		la.	·
	Program payments included on Schedule F, line 6b roullsted on Schedule K-1 (Form: 1065): box 20, code Y.		45	
2	Net profit or /loca) from School alo Cilina St. Cabatt 100 FT 11	• •	1b	· · · · · · · · · · · · · · · · · · ·
~	Net profit or (loss) from Schedule C, line 31; Schedule C- EZ, line 3; Schedule K- 1 (Form 1065),			
	box 14, code A (other than farming); and Schedule Kat (Form 1085 B); box 9, code Jt Ministers			
	and members of religious orders, see page SE- 1 for types of income to report on this line. See			
	page SE- 3 for other income to report		2	596.
3	Combine lines 1a, 1b, and 2		3	596.
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file	• •		
	this schedule; you do not owe self- employment tax	•	اما	550.
5	Self-employment tax. If the amount on line 4 is:			330.
	• \$106,800 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 56.			
	 More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$13,243.20 to the result. 			
	Enter the total here and on Form 1040, line 56		5	. 84.
6	Deduction for one- half of self- employment tax. Multiply line 5 by			
	50% (.50). Enter the result here and on Form 1040, line 27.	42.		
KBA	For Paperwork Reduction Act Notice, see Form 1040 instructions		chadu	La CE (Form 1040) 0000

Schedule SE (Form 1040) 2009

SCHEDULE M

(Form 1040A or 1040)

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Making Work Pay and Government Retiree Credits

► Attach to Form 1040A, 1040, or 1040NR.

► See separate instructions.

20**09**

Attachment Sequence No. 166 Your social security number

DAVID J & SHABIDA CATANZARO 1a Important: See the instructions if you can be claimed as someone else's dependent or are filing Form 1040NR. Check the "No" box below and see the instructions if (a) you have a net loss from a business, (b) you received a taxable scholarship or fellowship grant not reported on a Form W-2, (c) your wages include pay for work performed while an inmate in a penal institution, (d) you received a pension or annuity from a nonqualified deferred compensation plan or a nongovermental section 457 plan, or (e) you are filing Form 2555 or 2555- EZ. Do you (and your spouse if filing jointly) have 2009 wages of mere than \$6,45† (\$12,903 if married filing jointly)? Yes. Skip lines 1a through 3. Enter \$400 (\$800 if marrie No. Enter your earned income (see ins ructions 554 Nontaxable combat pay included on line 1a (see instructions) . Multiply line 1a by 6.2% (.062) Enter \$400 (\$800 if married filing jointly). 800 Enter the smaller of line 2 or line 3 (unless you checked "Yes" on 34 Enter the amount from Form 1040, line 38*, or Form 10 Enter \$75,000 (\$150,000 if married filing jointly) 150 000 Is the amount on line 5 more than the amount on line 6? No. Skip line 8. Enter the amount from line 4 on line 9 below. Yes. Subtract line 6 from line 5 Multiply line 7 by 2% (.02). 8 Subtract line 8 from line 4. If zero or less, ente 34 9 10 Did you (or your spouse, if filing jointly) receive an economi recovery payment in 2009 this payment if you received social security benefits; supplemental security income, railroad terrement benefits, or veterans disability compensation or pension benefits (see instructions). No. Enter - 0- on line 10 and go to line 11. Yes. Enter the total of the payments received by you (and your spouse, if filing 0 10 jointly). Do not enter more than \$250 (\$500 if married filing jointly) Did you (or your spouse, if filing jointly) receive a pension or annuity in 2009 for services performed as an employee of the U.S. Government or any U.S. state or local government from work, not covered by social security? Do not include any pension or annuity reported on Form W.2. No. Enter - 0- on line 11 and go to line 12. Yes. • If you checked "No" on line 10, enter \$250 (\$500 if married filling jointly) and the answer on line 11 is "Yes" for both spouses • If you checked "Yes" on line 10, enter - 0- (exception: enter \$250 if filing 0 jointly and the spouse who received the pension or annuity did not receive an economic recovery payment described on line 10) 12 Add lines 10 and 11 12 13 Subtract line 12 from line 9. If zero or less, enter - 0-34 13 Making work pay and government retiree credits. Add lines 11 and 13. Enter the result here and on Form 1040, line 63; Form 1040A, line 40; or Form 1040NR, line 60 34

* If you are filing Form 2555, 2555- EZ, or 4563 or you are excluding income from Puerto Rico, see instructions

SCHEDULE EIC (Form 1040A or 1040)

Earned Income Credit

Qualifying Child Information



OMB No. 1545-0074

Attachment Sequence No. **43**

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Before you begin:

Complete and attach to Form 1040A or 1040 only if you have a qualifying child.

Your social security number

DAVID J & SHABIDA CATANZARO

 See the instructions for Form 1040A, lines 41a and 41b, or Form 1040, lines 64a and 64b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.

Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See separate

	instructions for details It will take us longer	1200 1200 1200	efund if you do not fill in all lines that apply	y for each qualifying child.
Q	ualifying Child Information	on Child 1	Child 2	Child 3
1	Child's name	First name Last name	First name Last name	First name Last name
	If you have more than three qualifying children, you only have to list three to get the maximum credit.	ASHLEY CATANZARO	LEAH CATANZARO	
2	Child's SSN The child must have an SSN as defined on page 45 of the Form 1040A instructions or page 51 of the Form 1040 instructions unless the child was born and died in 2009. If your child was born and died in 2009 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	171-84-8501	164-86-7627	·
3	Child's year of birth	it form after 1990 and the child was younger than you (or your spouse, if filing jointly) skip lines 4a and 4b; oo to line 3.	Year 20.09 [[bornaffer/990 and the child was youngeither you (or your spouse, if filing jointy), skip lines 4a and 4b; gotoline 5	Year If born after 1990 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.
l a	Was the child under age 24 at the end of 2009, a student, and younger than you (or your spouse, if filing jointly)?	Yes. No. Go to line 5. Continue.	Yes. No. Go to line 5. Continue.	Yes. No. Go to line 5. Continue.
ł	Was the child permanently and totally disabled during any part of 2009?	Yes. No. Continue. The child is not a	Yes. No. Continue. The child is not a	Yes. No. Continue. The child is not a qualifying child.
	Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	DAUGHTER	DAUGHTER	
;	Number of months child lived with you in the United States during 2009			
ti e	If the child lived with you for more than half of 2009 but less han 7 months, enter "7." If the child was born or died in 2009 and your home was the	12 months Do not enter more than 12	months Do not enter more than 12	months Do not enter more than 12
C	child's home for the entire time he or she was alive during 2009, enter "12."	months.	months.	months.

KBA For Paperwork Reduction Act Notice, see Form 1040A or 1040 instructions.

Schedule EIC (Form 1040A or 1040) 2009

PA- 40 - 2009 Pennsylvania Income Tax Return ENTER ONE LETTER OR NUMBER IN EACH BOX. Do Not Use Your Preprinted Label

					A VALLE OF THE PARTY.	N	Extension.	
CA	TANZARO						Amended Return.	
DAV	VID .	J	Occupation	NUSICIA	N	R	Residency Status.	lask/Bask Mass Basklask
ZHZ	ABIDA		Occupation	HOMEMAK	ER	55657	from	lent/Part- Year Resident to
CAT	TANZARO					J	Single/Married, Filing	•
286	UPPER POWDERLY	STR	EET	•	j		Filing Separately/ Fina Date of death	Hetum/Deceased
			A STATE OF THE PARTY OF THE PAR			N	Farmers.	
CAF	RBONDALE			y of Value			School District Name	AKELAND
570	282 4889		To S	450				
1a	Gross Compensation. Do not inc qualifying retirement benefits. Se			uch as combat z	zone pay and		la	0
1h	Unreimbursed Employee Busine						14	
1b 1c	Net Compensation. Subtract Lin	•					lb Legge	0 0
			A					
2	Interest Income. Complete PA S			y s			2	0
3 4	Dividend and Capital Gains Distr Net Income or Loss from the Ope				•	d.	3 3 4	0 461
			. a. b. a. a. a. a. a. a. a. a. a. a. a. a. a.	310301011, 01 1 411	.,			407
5	Net Gain or Loss from the Sale, E	xchange	e, or Disposition	of Property.		İ	5	0
	Net Income or Loss from Rents, F	_		,		j	6	Ö
7	Estate or Trust Income. Complete	and sul	bmit PA Sched	ule J.		ı	7	0
8	Gambling and Lottery Winnings.	Comple	te and submit F	A Schedule T.			8	0
	Total PA Taxable Income. Add						9	461
	2, 3, 4, 5, 6, 7, and 8. DO NOT AD	Danylos	ses reported o	Lines 4, 5, or 6				
	Other Deductions. Enter the app See the instructions for additiona			e of deduction		ENT	10	0
	Adjusted PA Taxable Income. S			ie 9.		- 1	ll	463
		•						
						L		

EC Page 1 of 2 FC

Name(s) CATANZARO DAVID J & SHABIDA

12	PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).	75	1.4
13	Total PA Tax Withheld. See the instructions.	1 13	" 0
			_
14	Credit from your 2008 PA Income Tax return	14	0
15	2009 Estimated Installment Payments.	15	0
16	2009 Extension Payment.	16	0
17	Nonresident Tax Withheld from your PA Schedule(s) NRK 12 (Nonresidents only)	17	0
18	Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.	18	0
Tax	Forgiveness Credit. Submit PA Schedule SP.		,
19a	Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased	19a 02	
19b	Dependents, Part B, Line 2, PA Schedule SP	19b 02	
20	Total Eligibility Income from Part C, Line 11, PA Schedule SP.	50	461
21	Tax Forgiveness Credit from Part D, Line 16, PA'Schedule SPA	27	14
		7	- ,
22	Resident Credit. Submit your PA Schedule(s) G-R with your		
	PA Schedule(s) G-S, G-L and/or RK-1.	55	0
23	Total Other Credits. Submit your PA Schedule O	23	Ō
24	TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22, and 23.	24	14
25	TAX DUE. If Line 12 is more than Line 24, enter the difference here.	25	
26	Penalties and Interest. See the instructions. Enter Code:	56	Ō
	If including form REV- 1630, mark the box.		_
27	TOTAL PAYMENT DUE. See the instructions.	27	0
28	OVERPAYMENT. If Line 24 is more than the total of time 12 and Line 26 fenter	28	0
	the difference here.		
	The total of Lines 29 through 35 must equal Line 28.		
29	Refund - Amount of Line 28 you want as acheck mailed to you.	7 强	0
	Credit - Amount of Line 28 your anias a credit to your 2010 estimated account.	96	0
	Amount of Line 28 you want to donate to the Wild Resource Conservation Fund.	37	0
	Amount of Line 28 you want to donate to the Military Family Relief Assistance Program.	32	0
	Amount of Line 28 you want to donate to the Governor Robert P. Casey Memorial	33	0
	Organ and Tissue Donation Awareness Trust Fund.		
34	Amount of Line 28 you want to donate to the Juvenile (Type 1) Diabetes Cure	34	o
	Possereh Fund	٠, ١	ŭ
35	Amount of Line 28 you want to donate to the PA Breast Cancer Coalition's Breast	35	a
	and Cervical Cancer Research Fund.		· ·
	re(s). Under penalties of perjury, I (we) declare that I (we) have examined this return including all	•	
accomp	anying schedules and statements, and to the best of my (opr) belief, they are true, correct and complete.		
	Spouse's Signature, if filing jointly		
FOR	INFORMATION ONLY FOR INFORMATION ONLY	Firm FEIN	Preparer's SSN/PTIN
	rer's Name and Telephone Number Date		

Page 2 of 2

(570) 282-3311

H AND R BLOCK

P00133052

PA SCHEDULE SP Special Tax Forgiveness

PA- 40 Sc	hedule SP (09-0	9) (I) 2009						OFF	ICIAL USE ON	
Name of taxpayer claiming Ta	ax Forgiveness (i		y, enter the na	me shown first)		Social S	ecurity Numb		
DAVID J CATANZ							(1)			
Spouse's Name (even if filling	•						Spouse'	's Social Secu	rity Number	
SHABIDA CATANZ	ARO		 							
Eligibility Questions		. /			: .					
1. Are you a dependent on ar 2. If you answered "Yes" aboum PORTANT: If you answered "No also have answered "Yes" to Quest Part A. Filling Status for Tax	ve, does the taxp to Question 1, ple tion 2 to be eligible Forgiveness.	Dayer on whose return pase proceed with comp for tax forgiveness and	n you are a de pleting Schedule complete Line	ependent qualif SP. If you answe Ib. or Line 3c. fro	fy for tax for red "Yes" to m Part A be	Question 1, you low.		* H	X	
Unmarried - use Column A to calculate your Eligibility Income. Hill in the Unmarried box on Line 15a of your PA- 40. Check the box that describes your situation a. Single. Unmarried/divorced on December 31, 2009 b. Single and claimed as a dependent on another person's PA Schedule SP. Enter the other person's: SSN:										
Separated - use Colum Check this box only if (a) you months of the year. Fill in t Married - Check the Ma	ou are separated pu he Unmarried box o arried box on Lind ning Tax Forgive	ursuant to a written agre on Line 19a of your PA- e 19a of your PA- 40. eness together with n	ement or (b) you 40. Enter your sp 1y spouse. Us	ouse's name a	nd SSN a calculate	oove. Check t El igibility Inc	he box th ome .	at describes y		
c. Married with a sp calculate Eligibili SSN:	ouse who is a de ity Income. Ente	o SP. Use Columns Expendent of another er the other person's Name:	Band C to cak person's PA	culate your Elig Schedule SRO	ibility Inc	ome. Žome tax retu	m. Use (Columns Ban	d C to	
Enter your spous			rylail yleiast	SIX (TIOTHETS OF UT	e year. Us	e Columns B	a C to ca	liculate Eligib	iitty income	
Deceased use Colum			me.	-						
Check the Deceased box o				's income (see the	instruction	s) and briefly de	scribe you	ur method:		
								· · · · · · · · · · · · · · · · · · ·		
Part B. Dependent Children.	Provide all the in	nformation for each	dependent ch	ild. If more than f	our depend	lent children, su	ıbmit addit	ional sheets in t	his format.	
1. Dependent's Nam		ge Relations		Social Security I				m the child or		
ASHLEY CATANZAI		2 DAUGHTER		71-84-85		that you clair 2009 Federa		our dependen Tax return	t(s) on your	
LEAH CATANZARO		0 DAUGHTER	. 19	54-86-76	27 A			rax rotain.		
			1 20		- 2	Number of d				
Part C. Eligibility Income					/700 2010	Enter on Line	9 19b of y	our PA- 40	. 2. 2	
Married taxpayers filing jointly us	e Column A and Ell	gibility income Table 2.	mn A	farried) axpayers	filing sepai	ately and taxpa	vers separ	ated but not for	the last	
Married taxpayers filing jointly us Single filers, qualifying separated and Eligibility Income Table 1.	filers, and if filing f	or a decedent use Colu	mn As	farried axpayers ix months of the	yeer use Co	iumms B and C,	ánd Eligibi	llity Income Tabl	e 2.	
Column A Unmarried or Married	The Eligibility	Income Tables are	on page 36 of	the PA- 40 hoo	klet -			g Separately		
Filing Jointly			pg			Column B Taxpayer		Colur Spor		
1. 46100	PA taxable ince	ome from Line 9 of y	our PA- 40		1.					
2. 000	Nontaxable inter	est, dividends, and gain	s and/or annuali	zed income	2.					
	Alimony				3.					
4. 000	Insurance prod	ceeds and inheritance		(**************************************	£49		-			
	Gifts, awards, a				5.	· · · · · · · · · · · · · · · · · · ·				
		come - part-year re			6					
8. 000	Coin evaluded	litary income - Do no from the sale of a res	ot include com	bat pay u	7. 38.		++			
		ucational assistance		ALL STREET	9.					
		for personal purpos		le vour home	10.	· · · · · · · · · · · · · · · · · · ·	- -			
		pility Income for Col		·	10.		1			
Total Eligibility Incom				or each spouse	and enter	the total -	1 11.			
art D. Calculating your Tax I	Forgiveness Cr	edit	, unough 1010	or odori opodoo	and critici	tile total	-			
2. 1400	PA Tax Liability	from your PA - 40, L	ine 12 (if amer	nded return, see	e instruction	ons)	12.			
3. 000	Less Resident (Credit from your PA -	40, Line 22				13.			
4. 1400	Net PA Tax Liab	oility. Subtract Line 1	3 from Line 12	2			14.			
	Percentage of Ta	ax Forgiveness from the	Eligibility Inc	come Table us	ing your de	pendents from				
5. 1.00 6. 1400	Part B and your	Total Eligibility Inco	ome from Line	11			15.			
6. 1.4 0 0	Tax Forgivene	ss Credit. Multiply L	ine 14 by the de	cimal on Line 15. I	Enter on yo	ur PA- 40, Line 2	1. 16.		l T	

PA-40 Schedule C - 2009 (09-09) Profit or Loss From Business of Profession (Sole Proprietorship) Method of Inventory C=Cost, L=Lower DAVID J CATANZARO of cost or market, O=Other MUSICIAN MUSIC Accounting Method: A=Accrual, C=Cash, O=Other C Home office Ν expenses deducted usiness out of existence N Any change in determining 286 UPPER POWDERLY STREET N quantities, costs or valuations CARBONDALE 21.84 O 77 1a. Gross receipts or sales lΑ **Zoperations** 2 О 25000# 1b. Returns and allowances 1B 3. Gress profit 3 18436 IC 1c. Balance 18436 4. Other Income (submit statement) 5 5. Total income 18436 6. Advertising 1746 7. Amortization 0 8. Bad debts from sales or se 0 9 9. Bank charges 0 31. Travel and entertaimment 31 7638 10. Car and truck expenses 2365 70 32. Utilities 35 11. Commissions 77 33. Wages **EE** 0 12. Cost depletion not % depletion 75 Other expenses (specify): 13a. Regular depreciation 73Y 13b.Section 179 expense **73B** 0 LONG DISTANCE PHO 65 A 14. Dues and publications 14 0 В INTERNET USAGE В 225 15. Other employee benefit programs 15 C 200 16. Freight (not on Schedule C-1) 16 ZHIPPI D 1420 17. Insurance 17 Ε 0 18. Interest on business indebteness 18 F G 0 H H 0 19. Laundry and cleaning 19 0 Ι I 0 20. Legal and professional services 208 J 0 21. Management fees K 0 22. Office supplies 23. Pension and profit-sharing plans 24. Postage 34 1910 25. Rent on business property 25 0 35 17975 35. Total expenses 26. Repairs 56 0 36 36. Reduce expenses by total business credits 0 27. Subcontractor fees 27 37 17975 37aTotal adjusted expenses Net profit or loss 38 461

Page 1 of 2

PA-40 Schedule C-2009

Social Security Number

Name of owner



SCHEDULE C-1 - Cost of Goods Sold and/or Operations	
Inventory at beginning of year (if different from last year's inventory, include explanation)	π
2a. Purchases	n
2b. Cost of items withdrawn for personal use	Ö
2c. Balance (subtract Line 2b from Line 2a)	ä
3. Cost of labor (do not include salary paid to yourself or subcontractorrices)	ä
	J
4. Material and supplies	0
5. Other costs (include schedule)	0
6. Add Lines 1, 2c, 3, 4 and 5	0
7. Inventory at end of year	0
8. Cost of goods sold and/or operations (subtract line 7 from Line 6) Enterprete and on Part I, Line 2	0
SCHEDULE C-2 - Depreciation (See Instructions)	
Total Section 179 depreciation (do not include in items below) 1.	О
2. Less: Section 179 depreciation include in Schedule C-1	ō
3. Balance (subtract Line 2 from Line 1) Enterpere and on Part II Line 136	
4. Other depreciation;	
Description of property Date acquired Cosfor other basis Depreciation allowed or Method of computing the price of the property	te Depreciation for
(a) (c) allowable in prioritie are depreciation (d) (e)	this year (g)
	(9)
Buildings 4A () ()	0
Furniture/fixtures 4B	ū
Trans. equipment 4C	Ō
Machinery 4D	Ō
Other	
(specify)	
4E 0 0	0
4F 0 0	0
4 <i>G</i>	0
4H ON ON ON ON ON ON ON ON ON ON ON ON ON	0
4I 0	Ō
47	Ō
4K 0 0	0
4L 0 0	0
4M	0
4N A A A A A A A A A A A A A A A A A A A	0
40	0
4P 0 0 0	0
5. Totals	0
5. Depreciation included in Schedule C-1	0
Balance (subtract Line 6 from Line 5) Enter here and on Part III in 6 13a 4	П

Form **8867**

(Rev. December 2009)

Paid Preparer's Earned Income Credit Checklist

Department of the Treasury

Do not send to the IRS. Keep for your records

OMB No. 1545- 1629

For	r the definitions of the following terms, see Pub. 596 for the year for which you are confirmed income • Investment Income • Qualifying Child • Earned Income	mpleting this	
Α	Taxpayer's name ▶ DAVID J CATANZARO		
В	If joint return, spouse's name ► SHABIDA CATANZARO		
P	art II All Taxpayers		
1	Year after 2008 for which you are completing this form ▶ 2009		
2	Is the taxpayer's filing status married filing separately?	Yes	X No
	► If you checked "Yes" on line 2, stop; the taxpayer cannot take the EIC. Otherwise, continue.		
3	Does the taxpayer (and the taxpayer's spouse if filing jointly) have a social security number (SSN) that allows him or her to work or is valid for EIC purposes? See the instructions before answering.	X Yes	No
	► If you checked "No" on line 3, stop; the taxpayer cannot take the EIC. Otherwise, continue.		
4	Is the taxpayer filing Form 2555 or Form 2555- EZ (relating to the exclusion of foreign earned income)?	Yes	X No
	▶ If you checked "Yes" on line 4, stop; the taxpayer cannot take the EIC. Otherwise, continue.		
5a	Was the taxpayer a nonresident alien for any part of the year on line 1?	Yes	X No
	If you checked "Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.		
b	Is the taxpayer's filing status married filing jointly?	Yes	No
	If you checked "Yes" on line 5a and "No" on line 5b, stop; the taxpayer cannot take the EIC. Otherwise, continue.		
6	Is the taxpayer's investment income more than the limit that applies to the year on line 1? See Pub. 596 for the limit	Yes	X No
	If you checked "Yes" on line 6, stop; the taxpayer cannot take the EIC. Otherwise, continue.		
7	Could the taxpayer, or the taxpayer's spouse if filing jointly, be a qualifying child of another person for the year on line 1?	Yes	X No
	▶ If you checked "Yes" on line 7, stop; the taxpayer cannot take the EIC. Otherwise, go to Part II or Part III, whichever applies.		
ВА	For Paperwork Reduction Act Notice, see page 4.	Form 8867 (Re	ev. 12- 2009)
	Information provided by: DAVID J CATANZARO Information provided in person.	,	

Date information provided: 01/15/2010 8867(2009) FD8867-1V1.21 Form Software Copyright 1998 - 2010 HRB Tax Group, Inc.

F	orm 8867 (Rev. 12-2009) DAVID J CATANZARO			·			Page
Ľ		Chil	d 1	<u>Chi</u>	ld 2	Chi	ld 3
	Caution. If there is more that one child, complete lines 8 through 14 for one child before going to the next column. B Child's name	ASHLE CATAN		LEAH CATAN:	73.00		
	Is the child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, or a descendant of any of them?	X Yes	No	X Yes	No	Yes	No
10		1=2,100		1 1 1 1 1 1 1		1 163	
	The child is unmarried, or						
	 The child is married, can be claimed as the taxpayer's dependent, 	1_	_	 			_
	and is not filing a 2009 joint return (or is filing it only as a claim for refund).	X Yes	No	X Yes	No	Yes	No
11	Did the child live with the taxpayer in the United States for over half of the year? See the instructions before answering	X Yes	- DN-	X Yes	┌┐	П.,	П.,
12		A Yes	No_	[A] Yes	No_	Yes	No
	Under age 19, and younger than the taxpayer, (or the taxpayer's spouse						
	if the taxpayer files jointly),						
	 Under age 24, a full-time student, and younger than the taxpayer (or the 						
	taxpayer's spouse, if the taxpayer files jointly), or						
	Any age and permanently and totally disabled?	X Yes	No	X Yes	No	Yes	No
	▶ If you checked "Yes" on lines 9, 10, 11, and 12, the child is the taxpayer's qualifying child; go to line 13a. If you checked "No" on line				i		
	9, 10, 11, or 12, the child is not the taxpayer's qualifying child; see the						
	instructions for line 12 on page 4.						
13	a Could any other person check "Yes" on lines 9, 10, 11, and 12 for the child?	Yes	X No	Yes	X No	Yes	No
	► If you checked "No" on line 13a, go to line 14. Otherwise, go to		1				
	line 13b.				l		
	b Enter the child's relationship to the other person(s)	ł			ŀ		
	c Under the tiebreaker rules, is the child treated as the taxpayer's qualifying	Yes	No	Yes	□ No	Yes	No
	child? See the instructions before answering	Don't I		Don't I		Don't k	
	▶ If you checked "Yes" on line 13c, go to line 14. If you checked "No," the taxpayer cannot take the EIC based on this child and cannot take the EIC for taxpayers who do not have a qualifying child. If there is more than one child, see the Note at the bottom of this page. If you checked "Don't know," explain to the taxpayer that, under the tiebreaker rules, the taxpayer's EIC and other tax benefits may be disallowed. Then, if the taxpayer wants to take the EIC based on this child, complete lines 14 and 15. If not, and there are no other qualifying children, the taxpayer cannot take the EIC, including the EIC for taxpayers without a qualifying child; do not complete Part III. If there is more than one child, see the Note at the bottom of this page.	*					
14	Does the qualifying child have an SSN that allows him or her to work or is		1				
	valid for EIC purposes? See the instructions before answering	X Yes	No	X Yes	No	Yes	No
	If you checked "No" on line 14, the taxpayer cannot take the EIC based on this child and cannot take the EIC for taxpayers who do not have a qualifying child. If there is more than one child, see the Note at the bottom of this page. If you checked "Yes" on line 14, continue.						
15	Are the taxpayer's earned income and adjusted gross income each less						
	than the limit that applies to the taxpayer for the year on line 1? See Pub. 596 for the limit				ŀ	X Yes	∐ No
	If you checked "No" on line 15, stop; the taxpayer cannot take the EIC. If you checked "Yes" on line 15, the taxpayer can take the EIC. Complete Schedule EIC and attach it to the taxpayer's return. If there are two or three qualifying children with valid SSNs, list them on Schedule EIC in the same order as they are listed here. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to see if Form 8862 must be filed. Go to line 20.						
	Note. If you checked "No" on line 13c or 14 but there is more than one child, complete lines 8 through 14 for the other child(ren) (but for no more than three qualifying children). Also do this if you checked "Don't know" on line 13c and the taxpayer is not taking the EIC based on this child.						
BE.	7(2009) ED0067 2V4 24				Form	8867 (Rev	v. 12- 2009)

	m 8867 (Rev. 12- 2009) DAVID J CATANZARO ® Taxpayers Without a Qualifying Child			Page:
16	Was the taxpayer's main home, and the main home of the taxpayer's spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period. See Pub. 596.)		Yes	No
	▶ If you checked "No" on line 16, stop; the taxpayer cannot take the EIC. Otherwise, continue.			·
.17	Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of the year on line 1?		Yes	No
	▶ If you checked "No" on line 17, stop; the taxpayer cannot take the EIC. Otherwise, continue.	-		
18	Is the taxpayer, or the taxpayer's spouse if filing jointly, eligible to be claimed as a dependent on anyone else's federal income tax return for the year on line 1?		Yes	No
	▶ If you checked "Yes" on line 18, stop; the taxpayer cannot take the EIC. Otherwise, continue.			
19	Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for the year on line 1? See Pub. 596 for the limit		Yes	□No
	▶ If you checked "No" on line 19, stop; the taxpayer cannot take the EIC. If you checked "Yes" on line 19, the taxpayer can take the EIC. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to find out if Form 8862 must be filed. Go to line 20.			
Pa	Due Diligence Requirements	Щ.		
20	Did you complete Form 8867 based on information provided by the taxpayer or reasonably obtained by you?		X Yes	□No
		·	163	
21	Did you complete the EIC worksheet found in the Form 1040, 1040A, or 1040EZ instructions (or your own worksheet that provides the same information as the 1040, 1040A, or 1040EZ worksheet)?	. [X Yes	No
22	Did you comply with knowledge requirements? (To comply with the knowledge requirements, you must not know or have reason to know that any information used to determine the taxpayer's eligibility for, and the amount of, the EIC is incorrect. You may not ignore the implications of information furnished to or known by you, and you must make reasonable inquires if the information furnished appears to be incorrect, inconsistent, or incomplete.) At the time you make these inquires, you must document in your			
23	files the inquires you made and the responses you received	. [X Yes	No
	The EIC worksheet(s) or your own worksheet(s), and			
	 A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained 		X Yes	
	► If you checked "Yes" on lines 20, 21, 22, and 23, and keep the records described on line 23 for 3 years (see instructions), you have complied with all the due diligence requirements.	. [L	<u>a</u> j tes	∐ No
	If you checked "No" on lines 20, 21, 22, or 23, you have not complied with all the due diligence requirements and may have to pay a \$100 penalty for each failure to comply.			

Final Return For Earned Incom	me Tax	1,5
TAXING AUTHORITY OF RESIDENCE: DON WILKINSON		
CITY, TWP, ORBORO: CARBONDALE TWP		TAXYEAR: 2009
SCHOOLDISTRICT: LAKELAND		
ACCOUNT NO., (If Any): TAXPAYERSPOUSE		TAX RATE: 0.5000
TAXPAYER: CATANZARO DAVID J		
SPOUSE: CATANZARO SHABIDA ADDRESS: 286 HIPPER POWDERLY STREET	SS#:	
ADDRESS: 286 UPPER POWDERLY STREET	TELE NOS. (5 / U) 282-4889 (DAYTIM
CARBONDALE PA 18407		(EVENIN
	TAXPAYER	SPOUSE
1. EARNINGS FROM WAGES, SALARIES, TIPS AND BONUSES\$		\$
2. LESS ALLOWABLE EMPLOYEE BUSINESS EXPENSES	()	\$ (
3. NET LOSS FROM SELF- EMPLOYEMENT (Sch. C, E, F, or K- 1) \$ (_)	\$ (
4. SUB TOTAL (Line 1 less lines 2 and 3) If less than zero, enter zero	0.00	\$0.00
5. OTHER TAXABLE INCOME.IDENTIFY SOURCE()\$		\$
6. NET PROFIT FROM SELF- EMPLOYMENT (Sch. C, E, F, or K-1)\$	461.00	\$
7. TOTAL EARNED INCOME SUBJECT TO THIS TAX (Add lines 4, 5, and 6)	461.00	\$
8. TAX (Line 7 multiplied by % rate above)	2.00	Б
9. TOTAL LOCAL WAGE TAX WITHHELD BY EMPLOYER/S (Per W- 2/ S)\$	\$	·
0. QUARTERLY PAYMENTS TAXPAYER SPOUSE 1st Quarter		
3rd Quarter		
4th Quarter	\$.
1. TOTAL CREDITS (Add 9 and 10)	\$	
2. IF LINE 8 IS GREATER THAN LINE 11 ENTER TAX DUE	2.00 \$	
•		
3. IF LINE 11 IS GREATER THAN LINE 8 ENTER REFUND	>	No. months
TAXPAYER		
SPOUSE		
I declare that this return, including accompanying schedules and statements, has been examine and belief a true, correct and complete return.	ed by me and is to the best of	f my knowledge
Taxpayer Signature	Date	
Spouse Signature	Date	
Make Checks Payable to: Mail to:		
Prepared by:		
H AND R BLOCK		
Zip Code 18407 Date 01/15/2010		

The following letter denotes the most current collection efforts by RJM Acquisitions LLC to collect payments from a \$4,875.33 balance due, which is part of said Credit Card Debt of over \$23,000.00.

(All debt was recently removed from my credit report by way of statue of limitation laws.)

RJM Acquisitions LLC PO Box 18006 Hauppauge, NY 11788-8806 1007828944000002RJMCCN090909 975 1605 00298176 642524

PERSONAL & CONFIDENTIAL

RJM Acquisitions LLC 575 Underhill Blvd. Suite 224 Syosset, NY 11791-3416 Fax No. (516) 714-1310 Mon-Thurs 8am-7pm, Fri 8am-3pm September 9, 2009

Call Toll Free (800) 651-4577 Use Access Code 436463735770 : When Calling or Writing

DAVID CATANZARO 286 UPPER POWDERLY ST CARBONDALE PA 18407-3060

RJM Purchased Your . ASSOCIATES NATIONAL VISA ACCOUNT

Your Social Security Number # 190-5X-XXXX

Balance due # \$4,875.33

Dear David Catanzaro:

As you recall, RJM Acquisitions LLC ("RJM") has purchased this account. Below are several opportunities for you to consider:

OPPORTUNITY #1: SAVE \$3,412.74
SETTLE THIS ACCOUNT FOR \$1,462.59IA 70% OFF DISCOUNT!) BIGGEST SAVINGS!

You can settle this account with a Lump Sum payment of \$1,462.59, a 70% discount off the balance due of \$4,875.33.

OPPORTUNITY #2: SAVE 50% AND PAY \$50.00 PER MONTH
SETTLE THIS ACCOUNT FOR \$2,437.66 (A 50% OFF DISCOUNT) PAYABLE AT \$50.00 PER MONTH

If you can send \$50.00 per month, then you can settle this account for \$2,437.66, 50% discount (off the balance due of \$4,875.33).

> OPPORTUNITY #3 PAY ONLY \$20.00 PER MONTH

LOWEST MONTHLY PAYMENTS

RJM is pleased to accept \$20.00 per month until the balance due of \$4,875.33 is paid.



OPPORTUNITY #4: GET A NEW CREDIT CARD!!

RJM, with Genesis Bankcard Services, Inc., now offers you the ability to resolve your debt and receive a new Gold Mastercard®! This innovative program enables you to repay your \$4,875.33 balance due in low \$75.00 monthly payments. You'll pay 0% APR on this initial balance, and there's no annual fee! See the enclosed insert for details or call 1-(866)-726-5647 to apply today!

Please respond by October 24, 2009.

This is an attempt to collect a debt. Any information obtained will be used for that purpose. See back of letter for important information.

This communication is from a debt collector.

Ro.	DAVID	CATANZARO

▼ Detach Hera *

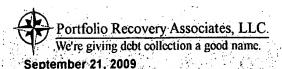
Yes, I like:

OPPORTUNITY #1: Enclosed is my payment of \$1,462.59 (a 70% discount). My account is now satisfied in full.



OPPORTUNITY #2: Enclosed is my first payment of \$50.00 towards

The following letter denotes the most current collection efforts by Portfolio Recovery Associates, LLC to collect payments from a \$6,435.14 balance due, which is part of said Credit Card Debt of over \$23,000.00.



NCO PORTFOLIO MGMT INC./FIRST USA BANK *BALANCE: \$6435.14

Account/Reference No.: 4417122617114906

Opportunity to Resolve Your Account and Save Money!

We are pleased to offer you the opportunity to settle this debt at the discounted amount of \$2574.06. This settlement is a significant savings over the full balance you owe us

Here are some additional advantages:

We will stop our efforts to collect this account.

You will achieve a significant savings over the full balance you owe us.

If we are reporting this account to the credit bureaus, we will report this account as settled.

We reserve the right to withdraw or modify this offer if payment is not received by 10/16/2009. Contact us toll-free at 1-800-772-1413 to discuss payment arrangements.

Various Payment Options Available Including:

PAY BY PHONE: Authorize automatic withdrawals from your bank account.

Make check payable to Portfolio Recovery Associates, LLC and send to Portfolio Recovery Associates, LLC, P.O. Box 12914, Norfolk, VA 23541 Call 1-800-772-1413 for more details. CHECK:

CREDIT CARD:

ON-LINE: Pay on-line at www.portfoliorecovery.com.

*Interest continues to accrue on this account and will accrue until the account is satisfied unless interest has been suspended. The above balance includes interest as of the date of this letter. You may contact us to obtain an exact payoff amount for a future date.

This letter is from a debt collector and is an attempt to collect a debt.

Any information obtained will be used for that purpose:

MAKE ALL CHECKS PAYABLE TO: Portfolio Recovery Associates, LLC SEND ALL PAYMENTS TO: Portfolio Recovery Associates, LLC P.O. Box 12914, Norfolk, VA 23541

HOURS OF OPERATION (EST): 7:30 AM to 11 PM Mon - Fri. 8 AM to 5 PM Sat. 2 PM to 9 PM Sun

CORPORATE ADDRESS

Portfolio Recovery Associates, LLC, 120 Corporate Boulevard, Norfolk, VA 23502

DISPUTES CORRESPONDENCE ADDRESS 140 Corporate Boulevard, Norfolk, VA 23502

Disputes Dept. E-mail Address: PRA_Disputes@portfoliorecovery.com

CREDIT CARD PAYMENTS - TRANSACTION FEES(processed through paymybill.com)
Master Card, Visa and Discover: \$5 per \$150; American Express: \$7 per \$150

Quality Service Specialists available Mon. - Fri. 8 AM to 5 PM (EST)

Not happy with the way you were treated? Our company strives to provide professional and courteous service to all our customers. Contact one of our staff to discuss issues related to our quality of service to you by phone at (866) 925-7109 or by email at qualityservice@portfoliorecovery.com.

We collect certain personal information about you from the following sources: (a) information we receive from you; (b) information about your transactions with our affiliates, others, or us; (c) information we receive from consumer reporting agencies. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law. We restrict access to nonpublic information about you to those employees and entities that need to know that information in order to collect your account. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

The following letter denotes the most current collection efforts by Capital Management Services, LP to collect payments from a \$3,558.80 balance due, which is part of said Credit Card Debt of over \$23,000.00.

726 Exchange Street, Suite 700 Buffalo, New York 14210



Reference# 050930229



T282 P1****AUTO**ALL FOR AADC 180

David Catanzaro 286 UPPER POWDERLY S CARBONDALE, PA 18407-3060

CAPITAL MANAGEMENT SERVICES, LP 726 Exchange Street - Suite 700, Buffalo, NY 14210 Office Hours: M-Th 8 a.m. - 11 p.m. ET Fri 8 a.m. - 10 p.m., Sat 8 a.m. - 4 p.m. ET Sun 9 a.m. - 1 p.m. ET Toll Free: 1-800-694-4157, Fax: (716) 852-1620

Previous Creditor: CITIBANK Current Creditor: Arrow Financial Services LLC

Account #: 6166179 Balance: \$3558.80

PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT

Dear David Catanzaro:

December 29, 2009

This company has been engaged by Arrow Financial Services LLC to resolve your delinquent debt of \$3558.80. Please submit your payment and make your check or money order payable to Capital Management Services, LP. to the above address.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the validity of this debt or any portion thereof, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such verification or judgment. If you request this office in writing within 30 days after receiving this notice this office will provide you with the name and address of the original creditor, if different than the current creditor.

Capital Management Services, LP is authorized to accept less than the full balance due as settlement of the above account. The settlement amount of \$533.82, which represents 15% of the amount presently owed, is due in our office no later than forty-five (45) days after receiving this notice. We are not obligated to renew this offer.

For your convenience, this settlement may be made online at: www.cms-trans.com. For other payment options, please contact Capital Management Services, LP. at 726 Exchange Street, Suite 700, Buffalo, NY 14210 or call 1-800-694-4157 Mon. through Thurs. 8 am to 11 pm ET, Fri. 8 am to 10 pm ET, Sat. 8 am to 4 pm ET, or Sun. 9 am to 1 pm ET.

This is an attempt to collect a debt; any information obtained will be used for that purpose. This communication is from a debt collector.

0 0 For assistance, call: 1-800-829-8374

17

1.6211-102-41260-3

Your Caller ID: 231746 Notice Number: CP71A Date: October 5, 2009

Taxpayer Identification Number:

Tax Form: 1040

Tax Year: December 31, 2002

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55103

CATANZARO DAVID J 286 UPPER POWDERLY ST CARBONDALE 18407-3060 PA

Reminder: You owe past due taxes for 2002

Amount Owed:

\$1,737.24

Pay by:

October 26, 2009

Why am I getting this notice?

You have a past due tax balance for 2002. By law, we must tell you each year how much you owe. We will send you a notice for each tax year for which you still owe.

What should I do?

If you can make a payment:

- 1. Make your check or money order payable to the United States Treasury. Write tax year 2002 and this Social Security Number (190-52-3006) on your payment.
- 2. Complete and detach the payment stub at the end of this notice.
- 3. Send the stub and your payment in the enclosed envelope.

If you can't pay the full amount owed:

- 1. Pay as much as you can now.
- 2. Review the Payment Options listed on the back of this page.
- 3. Call us at 1-800-829-8374 if you want to discuss payment options for the amount not paid.

Reminder! If you don't pay the amount owed by October 26, 2009, we will continue to add penalties and interest until the amount is paid in full.

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The attached documents denote Public Assistance Benefits starting from 4-23-03 and continuing concurrently to the present day.

Under the heading "C/G" will be sets of letters denoted as "FS" which stand for "Food Stamps" The underlined areas denote Food Stamp assistance and time frame.

All questions should be addressed to my caseworker Mr. Mercuri located at:

Commonwealth of Pennsylvania Department of Public Welfare Lackawanna County Assistance Office 200 Scranton State Office Building 100 Lackawanna Ave. Scranton, PA 18503-1972 (570) 963-4525

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The following Fuel receipts are from the years 2002, 2003 & 2004. (Receipts do not reflect total amounts for years 2002, 2003 & 2004.)

Receipts for 2003 & 2004 denote programs such as "Crises" and "Salvation Army" which denote fuel costs were paid by Local and state wide programs.

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The following Verizon one page telephone bill is the only one I've been able to locate. Verizon was unable to retrieve any further statements due to the fact that their records only go back five years.

The amount due on this bill is \$21.88. This bill also denotes that the amount of the previous bill was \$43.98. The estimated average used to calculate charges per month from 2001 to 2004 was \$27.00.

(Electric records were solicited from the Pennsylvania Power and Light company. No records were retrievable due to the fact that their records only go back five years as well.)



Billing Date 01/07/03 Account 570 876 1009 564 76 Y Page 1 of 5

To enroll in the Verizon

Direct Payment Option please read and sign the agreement on the reverse side of the payment form below.

Account Summary

Amount of Last Bill
Payments through Jan 9
Balance
Current charges
Verizon Charges
Current Charges Due by Feb 3
Total Amount Due
43.98
43.98
43.98
21.88

Deput total by

Please write in amount enclosed and send this coupon with your check or money order in US funds to address below.

verizon

Account 570 876 1009 564 76 Y

Make Check Payable to Verizon LIST OF SERVICES INCLUDED

Total Amount Due

\$21.88

Sign me up for a \$1 donation to Verizon Reads.

DAVID J CATANZARO 626 PENN AV MAYFIELD PA 18433-1817

Verizon PO Box 28000 Lehigh Vly PA 18002-8000 ludlinldhullumldhuldindhudhumlll Gift Sold Online
Guitar Pick Collection

Security Center

Search

PayPal

My Account Send Money Request Money Merchant Services Products & Services Shopping

Transaction Details

Payment Received (Unique Transaction ID #9GK893185E024433W)

Sent by: shawn robare

Buyer Email: sportsfreaklee@hotmail.com
Payment Sent to: david1voice@aol.com

Amount received: \$5,000.00 USD Fee amount: -\$145.30 USD

Net amount: \$4,854.70 USD

Date: May 9, 2008 Time: 15:31:00 PDT Status: Completed

Seller Protection Policy: Eligible (if certain criteria are met)

Attn. Sellers: You must ship to the address shown below to be protected under PayPal's Seller

Protection Policy.

Subject: shawn robare

Note: Pick List

1. Judas Prist 2. Mettalic 3. Accept 4. Def Leppard 5. McQueen St. 6. Dokken 7. Wasp 8. Van Halen 9. Red Rocker 10. L.A. Guns 11. Tesla 12. Ozzy 13. Billy Idol 14. Dangerous Toys 15. Alice Cooper 16. Gun N Roses 17. Sweet F.A. 18.Queens Ryche 19. Lynch Mob 20. Skidrow 21. Kiss 22. Ace Frehley 23. Vinnie Vincent 24. Quiet Riot 25. Drangon Kick 26. Ugly Kid Joe 27. Motley Creu 28. AeroSmith 29. Scorpions 30. Faster Pussyt Cat 31. Danger Danger 32. DEAR (Unknown) 33. The Undead 34. Suicidal Ten. 35. Spike Cassidy __ Angle Act 3

37. CFH 38. Megadeth 7
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Payment Type: Instant

Shipping:

Print Packing Slip | Add Tracking Info] ?

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If you need to refund this payment to the sender for any reason, you may do so using Send Money. The Refund Payment option is only available for 60 days after a payment is sent.

Return to Log

About Us Contact Us Legal Agreements Privacy Fees Site Feedback Copyright © 1999-2009 PayPal. All rights reserved. Information about FDIC pass-through insurance

This letter confirms that I, Josephine Catanzaro, of 286 Upper Powderly Street, Carbondale, PA, loaned my son David Catanzaro approximately \$1,383 in 2003 and \$1,900 in 2004 to assist in his living expenses. To date, David Catanzaro still owes the full amount of the above stated loans. David Catanzaro has been living with me at my residence since 2005.

In October of 2009, I retained an attorney to collect moneys from an estate I was legally entitled to. Based on the fact that my attorney believes 'full recovery' will be forthcoming, at this time, I have agreed to allow David Catanzaro access to \$2,500 from my Wells Fargo Credit Card account, allowing him to pay all fees associated with this petition.

If further information is needed I can be reached at: 570-282-4889.

Josephine Catanzaro Date 1-18-10

Josephine Catanzaro

This letter confirms that I, Margie Stewart, am the owner and landlord for the property located at 626 Penn Avenue, Mayfield, PA. David Catanzaro lived at said residence from 1994 to 2004. David Catanzaro had the sole responsibility to pay me monthly rent from years 2000 through 2004. David Catanzaro also had the responsibility to pay monthly bills including Electric, Water, Heating Oil, Phone services etc., from 2000 through 2004. The rent amount per month to be paid was \$250.00. As of June of 2002 through 2004 the monthly rent to be paid was \$300. David Catanzaro still has an unpaid rent balance of nearly \$1,000.

Margie Stewart

Margie Stewart 624 Penn Avenue Mayfield, PA 18433

Work No.: 570-488-5811 ext. 3506

Home No.: 570-876-3950

This letter confirms that I Leonard Browski of 1208 North 29, Dallas, PA, loaned David Catanzaro the amount of \$3,000 in 2003 to assist in his living expenses. David Catanzaro paid loan in full in the latter part of May of 2008. If further information is needed I can be reached at: 570-362-2203 or 570-825-7057.

Leonard Browski

This letter confirms that I, Anthony Catanzaro, of APT 5-D Veterans Drive, Dickson City, PA, loaned my son David Catanzaro approximately \$1,065 in 2003 and \$1,900 in 2004 to assist in his living expenses. To date, David Catanzaro still owes the full amount of the above stated loans.

If further information is needed I can be reached at: 570-510-7618.

Anthony Catanzaro

This letter confirms that I, Sam Cerami, of Nashville, TN having a business at 30 Music Square West, Suit 204, Nashville, TN loaned David Catanzaro approximately \$400 in 2005, \$700 in 2006 and \$700 in 2007 to assist in his living expenses. To date, David Catanzaro still owes the full amount of the above stated loans. If further information is needed I can be reached at: 615-256-0420.

.

Date / // //

Sam Cerami

\$500 is still currently owed to the Covenant Reformed Church of 47 South Church Street, Carbondale, PA, from a loan made in 2000.

If further information is needed, please contact Pastor George Mall at 9 Railroad Street, Simpson, PA, phone: 570-267-1259